UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/ICEF/1990/2
21 February 1990

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
1990 session

FOR INFORMATION

REPORT OF THE EXECUTIVE DIRECTOR

Overview of actions for children in 1989

SUMMARY

The present document provides an overview of developments in UNICEF programmes, operations and external relations in 1989. The introduction summarizes UNICEF efforts, based on internationally agreed upon goals, to mobilize consensus and action for child survival, protection and development. Chapter I reviews progress achieved in child survival and development activities, summarizing major programme trends, including social mobilization and other supporting actions. Chapter II focuses on UNICEF operations, including staffing, training, information resource management, finances and financial management and supply operations. Information, public affairs, inter-agency collaboration, the Greeting Card Operation and the International Child Development Centre are dealt with in chapter III on external relations.

CONTENTS

		Paragraphs	Page
	INTRODUCTION	1 - 9	5
I.	PROGRAMME OVERVIEW IN 1989	10 - 134	7
	A. Programme expenditure	11 - 12	7
	B. Adjustment with a human face	13 - 16	10
	C. Child survival and development	17 - 58	11
	1. Immunization	17 - 22	11
	2. Control of diarrhoeal diseases and oral rehydration therapy	23 - 28	12
	3. Acute respiratory infections	29 - 34	14
	4. Acquired immunodeficiency syndrome	35 - 39	15
	5. Guinea worm disease	40 - 42	16
	6. Primary health care	43 - 51	17
	7. The Bamako Initiative	52 - 55	18
	8. Childhood disability	56 - 58	19
	D. Basic services	59 - 115	20
	1. Nutrition and food security	59 - 75	20
	2. Water supply and sanitation	76 - 81	25
	3. Basic education	82 - 91	26
	4. Environment	92 - 96	28
	5. Women in development	97 - 102	29
	6. Urban concerns	103 - 107	30
	7. Children in especially difficult circumstances	108 - 112	31
	8. Emergency relief and rehabilitation	113 - 115	32

CONTENTS (continued)

		Paragraphs	Page
E.	Mobilization and other supporting actions	116 - 134	33
	1. Social mobilization and programme communication	116 - 118	33
	2. Debt relief for children	119 - 120	34
	3. Facts for Life	121 - 123	34
	4. Research and programme publications	124 - 127	35
	5. Monitoring and evaluation	128 - 134	37
II.	OPERATIONS	135 - 162	39
A.	Staffing and staff training	135 - 137	39
B.	Budget process	138	40
C.	Income and expenditure	139 - 141	40
D.	Supply operations	142 - 146	42
E.	Information resource management	147 - 149	42
F.	Progress report on central financial systems	150 - 162	43
III.	EXTERNAL RELATIONS	163 - 205	45
A.	Convention on the Rights of the Child	163 - 165	45
B.	Inter-agency collaboration	166 - 175	45
C.	The State of the World's Children report	176 - 177	48
D.	National Committees for UNICEF	178 - 179	49
E.	Non-governmental organizations	180 - 181	49
F.	Parliamentarians and religious leaders	182 - 183	49
G.	Special events	184 - 186	50
H.	Broadcasting and video	187 - 189	51
I.	Publications	190 - 192	51

/...

CONTENTS (continued)

	Paragraphs	Page
J. Electronic communications	193	52
K. Development education	194	52
L. Training	195	53
M. Fund-raising	196	53
N. Greeting card and related operations	197 - 203	53
O. International Child Development Centre	204 - 205	54

List of tables

1. Total UNICEF programme expenditure by programme field 8
2. UNICEF supplementary funding programme expenditure by programme field .. 9
3. UNICEF programme expenditure by geographical region 10
4. Evaluations and studies conducted by region and by year 37
5. UNICEF income 41
6. UNICEF expenditure by type of input 41

READEX FICHE

INTRODUCTION

1. UNICEF programme performance during 1989 reflects a mixture of continuity and innovation. In keeping with the principle of management by objectives, UNICEF has used the internationally agreed upon goals to help mobilize consensus and action around country, regional and global efforts for child survival and development (CSD). Immunization coverage is continuing to expand, with universal child immunization (UCI) goals reached by 42 countries in December 1989. Some 112 countries, comprising about 99 per cent of developing country populations, now have operational control of diarrhoeal diseases (CDD) programmes, and 60 per cent of children under the age of five have access to trained providers of oral rehydration salts (ORS). New programmes have been or are being launched to respond to the challenges presented by acute respiratory infections (ARI) and acquired immunodeficiency syndrome (AIDS). In the field of primary health care (PHC), emphasis is being placed not only on improving access and service and reducing child malnutrition, but also on decentralization, community participation and sustainability. Through the Bamako Initiative, PHC is being revitalized to play a central role in achieving the goal of "health for all" in the 1990s.

2. UNICEF-supported drinking water supply programmes are now reaching increasing numbers of developing country populations, especially in rural areas. Although the goals of the International Drinking Water Supply and Sanitation Decade (IDWSSD) were not reached by 1990, many countries have developed sufficient physical and human infrastructure to be able to achieve those goals by the year 2000. The greater challenge, however, lies in the issue of environmental sanitation. Progress here is limited, and future expansion and sustainability depend on supporting actions in other areas, including improvement of overall socio-economic development, the situation of women and education.

3. UNICEF programme expenditure for women increased from 23 per cent of total UNICEF expenditure in 1987 to 29 per cent in 1989. The programme approach for the advancement of women has been flexible, diverse and focused on the poorest and the most disadvantaged. From literacy to income-generation to food security, the programme focus has increasingly been on integrating women's concerns in all programme development, devising women-specific projects only when a country situation demands these as supportive steps towards full integration. None the less, a considerable number of interventions for women remain fragmented and marginal.

4. Africa continues to face crisis in many areas, although some important movements on the political front have brought some change and hope to southern Africa. The successful completion of the election process in Namibia has carried its transition towards independence an important step forward. A small UNICEF country team, established in April 1989 in Namibia, has been working within the context of a repatriation programme co-ordinated by the Office of the United Nations High Commissioner for Refugees (UNHCR).

5. Violence continues, however, in Angola and Mozambique despite peace talks. The high levels of military expenditure in the region, in some cases up to

50 per cent of national budgets, are a source of increasing concern in view of shrinking allocations for health and education. Diarrhoea, ARI, measles, neonatal tetanus and malaria continue to be major causes of mortality among children in Africa. Nutritional levels of children under five years of age have declined in a number of countries, and the educational crisis has now reached unprecedented proportions in terms of both quality and coverage. The serious situation of women's health and nutrition, coupled with high rates of human immunodeficiency virus (HIV) infection among pregnant women, pose the frightening prospect that child survival advances made in Africa since the 1960s may be halted or even reversed in some countries.

6. The adoption of the Convention on the Rights of the Child by the United Nations General Assembly in resolution 44/25 of 20 November 1989 was a major milestone in advocacy for children, the culmination of more than a decade of effort. It sets an appropriate stage for the new decade in which the World Summit for Children, scheduled for early autumn 1990, will provide new impetus for ratification of the Convention and promotion of attention to children. Co-operation with other United Nations agencies was a key element in other major UNICEF endeavours, including Operation Lifeline Sudan and the World Conference on Education for All. The period has shown a significant strengthening of collaboration with National Committees for UNICEF, non-governmental organizations (NGOs) and associations of parliamentarians and religious leaders. The launching of the State of the World's Children report enjoyed world-wide coverage and generated, along with other activities, intensified attention and widespread exposure to issues affecting children. Those activities were enhanced by good general resources income and programme funding initiatives. For the fourth consecutive year, the Greeting Card Operation (GCO) exceeded its budget objectives in the 1988 campaign, and preliminary results for 1989 indicate a continuation of the trend.

7. An evaluation and an analysis of external relations policies and functions were carried out during the summer and autumn as requested by the Executive Board at its 1989 session. Based on the evaluation, the Executive Director will propose to the Board policies and strategies for external relations in the 1990s. On 1 May 1989, the Division of Information and Public Affairs was separated into two divisions. In addition, responsibility for all private sector fund-raising, including special fund-raising events, has been consolidated in GCO.

8. There is a renewed sense of global urgency to place human and social development at the centre of development strategies for the coming decade. There is also a renewed desire to empower all people with education, knowledge and abilities to manage their own lives. Articles 15 and 16 of the Convention on the Rights of the Child stress the child's right to education and encourage international co-operation to eliminate illiteracy and ignorance. There is also a growing awareness that ensuring education and learning for all is a necessary first step for each country in developing its full potential.

9. The challenge for all countries with high illiteracy rates is to bring about a literacy revolution at a relatively low cost and in a relatively short period of time. In the area of child survival and protection, UNICEF has shown how to achieve the seemingly impossible through the use of simple, low-cost, life-saving

devices and the power of modern communication technologies. The technology exists, along with the vast body of knowledge of what must be done to bring knowledge and education to all.

I. PROGRAMME OVERVIEW IN 1989

10. In 1989, UNICEF co-operated in programmes in 128 countries and territories, the majority of which were in Africa (44), followed by Asia (34), Latin America and the Caribbean (35) and the Middle East and North Africa (15).

A. Programme expenditure

11. Programme expenditure in 1989 totalled $501 million ($251 million from general resources and $250 million from supplementary funds). This was distributed over different programme fields as shown in table 1 below. Owing to the integrated nature of UNICEF assistance, the breakdown by sector is somewhat arbitrary in relation to the impact of services. As the figures indicate, UNICEF programme expenditure in health remains the largest, increasing both numerically and proportionately. The expenditure for immunization increased numerically by $30 million and proportionately to 23 per cent, although this is expected to decline somewhat in the early 1990s. Support for immunization and oral rehydration therapy (ORT) remains strong as a result of intensified efforts to reach the 1990 goals and, as will be noted, the major increase has been through supplementary funds (see table 2 below for a breakdown of the supplementary funding components of the total programme expenditure given in table 1).

12. The geographical distribution of programme expenditure is shown in table 3 below. Expenditure for Africa has risen steadily from an annual average of $19 million (21 per cent) in 1970-1979 to $170 million (34 per cent) in 1989.

Table 1. Total UNICEF programme expenditure by programme field

(Millions of United States dollars)

Programme	1970-1979 a/ Amount	%	1986 Amount	%	1987 b/ Amount	%	1988 c/ Amount	%	1989 d/ Amount	%
Child health	31	34	119	36	144	39	158	40	203	40
Expanded programme on immunization			(57)	(17)	(86)	(23)	(84)	(21)	(114)	(23)
Oral rehydration therapy			(3)	(1)	(7)	(2)	(7)	(2)	(12)	(02)
Other health			(59)	(18)	(51)	(14)	(67)	(17)	(77)	(15)
Child nutrition	9	10	17	5	24	6	23	6	28	6
Water supply and sanitation	16	17	58	18	65	18	69	17	76	15
Education	20	22	31	10	35	10	37	9	37	7
Community- and family-based services	5	5	16	5	25	7	29	7	35	7
Emergency	4	5	32	10	25	7	32	8	48	10
General e/	6	7	53	16	47	13	52	13	74	15
Total UNICEF programme expenditure	91	100	326	100	365	100	400	100	501	100

a/ Annual average.

b/ Includes $81 million (22 per cent) for urban areas and $84 million (23 per cent) for women.

c/ Includes $88 million (22 per cent) for urban areas and $116 million (29 per cent) for women.

d/ Preliminary figures. Includes $115 million (23 per cent) for urban areas and $145 million (29 per cent) for women.

e/ Consists mainly of planning and project preparation, programe support services and programme support communication. A sectoral breakdown cannot be provided.

/...

Table 2. UNICEF supplementary funding programme expenditure by programme field

(Millions of United States dollars)

Programme	1986 Amount	1986 %	1987 Amount	1987 %	1988 Amount	1988 %	1989 a/ Amount	1989 a/ %
Child health	57	39	76	42	94	45	108	43
Expanded programme on immunization	(31)	(21)	(46)	(25)	(56)	(27)	(70)	(28)
Oral rehydration therapy	(1)	(1)	(3)	(2)	(2)	(1)	(4)	(2)
Other health	(25)	(17)	(27)	(15)	(36)	(17)	(34)	(13)
Child nutrition	9	6	14	8	12	6	14	6
Water supply and sanitation	33	23	41	23	46	22	45	18
Education	5	3	9	5	11	5	8	3
Community- and family-based services	3	2	8	4	8	4	10	4
Emergency	30	20	23	13	28	13	45	18
General b/	10	7	10	6	11	5	20	8
Total UNICEF programme expenditure from supplementary funding	147	100	181	100	210 c/	100	250	100

a/ Preliminary figures.

b/ Consists mainly of planning and project preparation, programme support services and programme support communication.

c/ After the deduction of $18 million adjustment funded from general resources, final expenditure from supplementary funds in 1988 was $192 million.

Table 3. UNICEF programme expenditure by geographical region

(Millions of United States dollars)

Region	1970-1979 a/ Amount	%	1986 Amount	%	1987 Amount	%	1988 Amount	%	1989 b/ Amount	%
Africa	19	21	113	35	131	36	146	36	170	34
Asia	52	57	140	43	152	42	167	42	204	41
Americas and the Caribbean	8	9	27	8	31	8	37	9	52	10
Middle East and North Africa	10	11	37	11	39	11	38	10	61	12
Interregional	2	2	9	3	13	3	12	3	14	3
Total	91	100	326	100	366	100	400	100	501	100

a/ Annual average.

b/ Preliminary figures.

B. Adjustment with a human face

13. The tremendous social costs of adjustment programmes and the economic set-backs of the 1980s are no longer a matter of opinion. They are now borne out by facts in many countries. The explicit commitment to protect the vulnerable groups in the course of adjustment and also to restore their long-term economic growth is also increasingly recognized by international financial institutions, as well as by many Governments, both developed and developing. These changes in attitudes to adjustment policies are partly a result of better information on what has been happening and partly to greater public awareness in industrialized countries of the continuing impoverishment of large groups in the developing world, especially in Africa and Latin America. UNICEF has been playing a major role in providing such information and analyses and in raising awareness of adjustment with a human face.

14. More and more UNICEF country offices have become involved in adjustment-related activities. This increased involvement has evolved as part of their planned country work programmes and in response to growing demands on UNICEF by Governments and other United Nations agencies cognizant of the approach and experience of UNICEF in this issue. Virtually all countries have become active advocates for the human dimension of adjustment.

15. The analyses, formulation of proposals and negotiations on adjustment-related issues have continued in a large number of countries, including Argentina, Bolivia, Ecuador, the Gambia, Ghana, Guinea, Guyana, Kenya, Madagascar, Mozambique, the Philippines, Somalia and the United Republic of Tanzania. Programmes of action to mitigate the social consequences of adjustment are now under way, with UNICEF support, in Ghana and Madagascar. In many countries, UNICEF offices have actively supported interministerial task forces on priority-setting in social and economic programmes in collaboration with other United Nations agencies and NGOs.

16. Frequent consultations have been held at the international level with the World Bank and the International Monetary Fund (IMF). UNICEF is active in the dialogue between the World Bank and the Economic Commission for Africa (ECA) on the African alternative adjustment programme. An informal group has been formed with the International Labour Organisation (ILO) and the World Food Programme (WFP) to co-ordinate agency activities on problems of adjustment and food policy. The sub-group on adjustment of the Joint Consultative Group on Policy (JCGP) (the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the International Fund for Agricultural Development (IFAD), WFP and UNICEF) is chaired by UNICEF and has also held several consultations. The Deputy Executive Director (Programmes) has given various testimonies to the United States Congress on adjustment issues and their social consequences in the poorest countries.

C. Child survival and development

1. Immunization

17. Globally, immunization coverage continued to rise significantly. In 1986, only 16 developing countries had achieved the UCI goal of 80 per cent coverage of all antigens for children by their first birthday. By the end of 1988, a total of 34 countries had done so, and provisional reports for 1989 indicate that 8 more countries reached these levels of performance, while many more are close to reaching the target. Some 68 per cent of children in developing countries have received three doses of combined diphtheria/pertussis/tetanus and polio vaccine by their first birthday. Coverage for anti-tuberculosis vaccine has reached 75 per cent and measles, with a virtual tripling of coverage since 1981, has reached 60 per cent. The immunization of pregnant women with tetanus toxoid also showed a substantial increase.

18. The rise in immunization coverage has led to a significant reduction in disease morbidity and mortality, preventing an estimated 2 million deaths from measles, pertussis and neonatal tetanus during the past year. It should be noted, however, that those diseases still cause 2.8 million deaths annually. UCI will have to be achieved and sustained to halt disease transmission and drastically reduce the incidence of disease. Special attention must be given to protecting new-born infants against neonatal tetanus by ensuring that their mothers have been immunized with tetanus toxoid vaccine either before or during pregnancy and by promoting sanitary delivery conditions.

19. Most developing countries are making progress in their efforts to reach UCI. China has become the world leader, setting the pace with 1988 national coverage levels of over 95 per cent for all antigens and provincial coverage levels of 85 per cent or more. The 1990 target for China is to achieve over 85 per cent in every county. Other Asian countries that made excellent progress during the past year include the Philippines, Nepal, Viet Nam and, most recently, Bangladesh. India is now implementing the accelerated programme in all districts throughout the country. The Middle East and North Africa region also continues to make progress toward the UCI goal with a regional average for all antigens of 70 per cent or more, except tetanus toxoid for pregnant women.

20. Most countries in this region have excellent prospects of reaching UCI by the end of 1990. Despite severe economic conditions and civil strife in several countries, the Americas and the Caribbean region continues to improve immunization performance. National immunization days have been used quite successfully to improve coverage and to support the goal of polio eradication in the hemisphere by the end of 1990. Caribbean countries have set a goal to eliminate measles by 1995 and are proceeding enthusiastically. The eastern and southern Africa region has now passed the 50 per cent mark in regional coverage, and 11 countries have already achieved the UCI target. Several countries still suffer the constraints of civil conflict and economic recession. West and Central Africa continues to present the greatest challenge for achieving UCI due to severe economic problems and the lack of infrastructure. However, Nigeria, the most populous of the region, has made excellent progress during the past year, more than doubling the coverage levels.

21. As countries achieve higher levels of national coverage, they have begun to focus efforts on reaching the more difficult areas and population groups. During 1989, many countries carried out coverage surveys to evaluate the comprehensiveness and reliability of routinely collected data. Special efforts have been made with the World Health Organization (WHO) and Governments to unify data bases to facilitate the appropriate measurement of coverage levels at the end of 1990 in order to assess UCI achievement globally and by country.

22. Co-operation has flourished between WHO and UNICEF and among the bilateral donors and international NGOs. Financial support from bilateral donors has continued to increase with Canada, Italy, Sweden and the United States of America providing support both directly and through UNICEF. Japan has also begun to support immunization activities in several countries. Rotary International is expanding its funding for polio vaccine and social mobilization activities in over 80 countries. UNICEF, together with WHO, the World Bank, UNDP and the Rockefeller Foundation, is continuing to support the Task Force for Child Survival which is responsible for sponsoring an international meeting at Bangkok on 1-3 March 1990 to promote final efforts to achieve the 1990 UCI goal and to develop an international consensus on strategies for achieving child survival goals set for the decade of the 1990s.

2. Control of diarrhoeal diseases and oral rehydration therapy

23. Some 112 countries now have operational CDD programmes, covering an estimated 99 per cent of the total population in developing countries. UNICEF offices in

every country are involved in some way with those national programmes and, in some cases, UNICEF is the major source of support. Concerted efforts on the part of Governments, UNICEF, WHO and other agencies have resulted in continued progress in several key areas. Most recent estimates suggest that globally, nearly 60 per cent of children under five years of age have access to trained and regularly supplied providers of ORS, although this access varies widely by region, from about 25 per cent in Africa to over 75 per cent in Asia.

24. The production of ORS has improved and expanded world wide. UNICEF has provided direct assistance to local ORS production in 59 developing countries. It is estimated that, in 1989, the equivalent of 350 million litres of ORS packets or similar products were produced world wide, up from 40 million packets in 1980. Over 75 per cent of this production took place in developing countries, leading to continued reductions in the already low cost of ORS.

25. The use of ORT - either ORS or a recommended home-made fluid - has also increased during the past year. By the end of 1989, more than one in three episodes of diarrhoea in children under five were treated with ORT either in health facilities or at home. Most estimates suggest that over 1 million young child deaths are averted annually through the application of this simple technique. The use of ORT continues to be highest in Latin America, where over 35 per cent of cases are treated with ORT, and lowest in Africa, where less than 15 per cent of cases are reached.

26. UNICEF offices continue to provide extensive support to the improvement of diarrhoea treatment practices both within health facilities and at home. Within health facilities, support has included improving and refining national CDD plans of action and/or national treatment guidelines; improving distribution and availability of ORS; establishing diarrhoea training units and ORT corners to train health workers at both central and peripheral levels; and reducing the inappropriate use of antibiotics and anti-diarrhoeal drugs. At the household level, UNICEF is promoting the improved case management of diarrhoea by encouraging increased intake of foods and fluids as an integral component of correct case management, as well as by helping to identify appropriate and available fluids for use in preventing dehydration.

27. Nearly all UNICEF offices are involved in training in some way, including formal courses for health workers, as well as less extensive sessions for non-health personnel. UNICEF support for communication activities has increasingly emphasized the need to reinforce the policies of, and services offered by, national CDD programmes. At present, UNICEF provides assistance for a wide variety of communications activities, including the development of materials for face-to-face communication between health workers and mothers; the production of books, lesson plans and brochures for distribution in schools and among non-health sector groups; and the development of mass media messages for radio and television.

28. The prevention of the incidence of diarrhoea, especially in countries where improved treatment practices have substantially lowered diarrhoea mortality, has received growing attention and support during the last few years. UNICEF offices in Asia and Latin America have been particularly active in this area, although

reports from the Middle East and North Africa region and East Africa also reflect considerable interest and support. Other preventive measures receiving support from UNICEF offices include the promotion of breast-feeding, improved personal and domestic hygiene and increased access to and use of water and sanitation facilities, in addition to measles immunization.

3. Acute respiratory infections

29. ARI afflicts about 10 to 20 per cent of children under five years old in developing countries, reaching levels as high as 80 per cent in populations with a high prevalence of malnutrition and low birth weight. Of the estimated 15 million deaths in this age-group each year, 25 to 30 per cent are caused by ARI, and the vast majority of these is attributable to pneumonia. Thus, in absolute numbers, ARI accounts for some 3 million child deaths annually.

30. The development of effective national control programmes is difficult for the following three reasons: (a) there is a lack of training and support materials on the diagnosis and treatment of ARI among young children; (b) a number of policy decisions are required on technical issues for which there is little practical experience or data; and (c) the success of ARI programmes depends on the appropriate use of antibiotics, as well as their regular distribution to health facilities and trained health workers. Such distribution has management and logistic implications that may strain the current capacity of national health systems in many countries.

31. In the light of those developments, UNICEF has been moving on three fronts to provide greater support in this area: (a) UNICEF fully supports the strategies promoted by WHO and encourages the widespread use of the training and information materials which it is now producing; (b) technical support and guidance is being provided to the individual country offices requesting such assistance; and (c) after extensive consultations with national authorities and UNICEF offices, three countries have been selected for special attention in the development of national ARI programmes - Bolivia, the Gambia and Thailand.

32. In those countries, the emphasis is on overcoming managerial and attitudinal obstacles to the implementation of a broad-based ARI case management approach, e.g., especially to ensure that paramedical workers dealing directly with ARI cases have the authority to prescribe antibiotics for treatment. To ensure maximum benefit from that effort, the technical assistance of experts from Johns Hopkins University in the United States has been secured to assist in developing sound, comprehensive national plans of action. In addition, the Johns Hopkins group will prepare an overall evaluation of the three-country effort at the end of 1991, including suggestions of specific ways in which this experience can be used to guide UNICEF support to ARI programmes in other parts of the world.

33. Some general observations can be made about trends in UNICEF support to ARI world wide. Since national ARI programmes are older and more well-established in the Americas and Asia, UNICEF involvement is also more extensive in these regions. While approximately half of the 1989 reports from UNICEF field offices contain separate ARI sections, several others highlight ARI as a main cause of mortality

and morbidity in children under five years of age. The most extensive information in this regard is provided from several of the most populous Asian countries (China, India, Indonesia and Pakistan).

34. Other areas of UNICEF support to national ARI efforts include the development of diagnosis and treatment protocols; ARI-related training; ARI-related communication activities; and the gathering of information. In addition, two other aspects of ARI programmes are receiving support. In Bhutan, Botswana, Madagascar and Namibia, the links between ARI and essential drugs programmes are emphasized and, in four other countries, UNICEF offices are supporting preventive measures in addition to case management activities. In Bhutan and Papua New Guinea, the impact of smoke-free stoves on the incidence and severity of ARI is being tested. In the Sudan, immunization is promoted as a key preventive measure. In Viet Nam, messages are being developed on the basis of recent knowledge, attitude and practice (KAP) surveys and other community-based research.

4. Acquired immunodeficiency syndrome

35. For the decade of the 1990s, WHO predicts that about three times more people will become infected with HIV, the AIDS virus, than during the 1980s, and approximately nine times more adults will develop AIDS than in the 1980s. AIDS in infants and children is directly related to the number of pregnant women who are infected with HIV.

36. AIDS remains most critical in Africa, where WHO now estimates that over 1 million women of reproductive age are already HIV-infected, and up to 25 per cent of women of reproductive age are already infected in some geographical areas and high-risk groups. Many Caribbean women have also become affected as heterosexual HIV transmission patterns are now predominant. Paediatric AIDS cases now account for approximately 10 per cent of AIDS cases in much of the Caribbean. Disturbing HIV infection data has recently emerged from the intravenous drug-user community in Thailand; and male drug users will, in turn, infect their female partners and their future babies.

37. In countries severely affected by AIDS, AIDS-related morbidity in children and adults is severely straining already overburdened PHC systems, rendering imperative the strengthening of these systems. It is now well-recognized that AIDS-related mortality in children under five years of age will impede the child mortality reduction that has been achieved in the past 20 years. Finally, the pandemic nature of AIDS is producing a large group of orphans, most of whom are uninfected themselves, but who have lost one or both parents to AIDS. In some countries, the magnitude of the orphan problem will overwhelm all existing systems for long-term care for children and will challenge Governments to identify creative, feasible and culturally acceptable responses.

38. UNICEF, in collaboration with WHO, has been assisting national AIDS control programmes primarily by using UNICEF skills and experience in social mobilization and health education to teach people to avoid behaviour and practices that can spread the AIDS virus. For example, a series of UNICEF-funded seminars for journalists in the United Republic of Tanzania has enabled journalists to provide

accurate information about HIV/AIDS prevention. In Uganda, political leaders have been involved in order to increase their understanding of HIV/AIDS. In Kenya, UNICEF supports a national women's organization and the Christian Health Association of Kenya in training health workers and community and church leaders in HIV/AIDS awareness. In several Caribbean countries, with UNICEF funding, HIV/AIDS prevention messages have been added to health and family life programmes for adolescents.

39. UNICEF-supported school health education programmes, which now include AIDS prevention, are a key element in providing the critical age-group of adolescents with accurate information about AIDS before they become sexually active. UNICEF is supporting such programmes in Burundi, Kenya, Rwanda, Uganda and other African countries. Programmes for out-of-school youth are also being planned in Kenya and Rwanda. In addition to prevention, UNICEF is assisting Governments to understand the socio-economic impact of HIV/AIDS on families in order to find solutions to the problems of care for those suffering directly and indirectly from HIV/AIDS, including orphans of AIDS victims.

5. Guinea worm disease

40. After the 1989 Executive Board endorsement of the eradication of Guinea worm as a target, a senior adviser was appointed at headquarters as a focal point for activities associated with the eradication of Guinea worm disease. Since then, national surveys to identify Guinea worm-affected villages have been supported in Kenya and Nigeria. Technical consultations in preparation for national surveys and/or to review existing Guinea worm control activities were undertaken in Benin, the Côte d'Ivoire, Ethiopia, Ghana and Togo.

41. In Benin, the UNICEF water supply and health education project has served as the basis for the development of a national plan for the eradication of Guinea worm. The development of innovative information systems for monitoring water-points is likely to have a significant positive impact elsewhere in the region. UNICEF-supported water supply projects in Nigeria continue to demonstrate the importance of improved water supply in the eradication effort, as efforts were undertaken to develop cost-effective strategies for small villages and hamlets of less than 300 people. In Ghana, the National Social Mobilization Committee for Child Survival and Development, initially formed to promote expanded immunization coverage, has broadened its activities to include Guinea worm control in affected areas. Efforts continue to assess the overall status of the disease in Africa, to draw together and synthesize African and Asian experience with Guinea worm into a cohesive eradication strategy and to emphasize the role of health education in this strategy.

42. UNICEF is working closely at country and global levels with other United Nations and outside agencies in this effort. UNICEF co-sponsored with UNDP an International Donors Conference at Lagos in July 1989, and will co-sponsor with WHO the Third African Regional Conference on Dracunculiasis in March 1990 in the Côte d'Ivoire. Throughout, UNICEF will continue to work closely with Global 2000 of the Carter Center, the United States Centers for Disease Control, the United States Peace Corps, the United States Agency for International Development (USAID), the

Japan International Co-operation Agency and other interested bilateral organizations and NGOs.

6. Primary health care

43. The last year witnessed steady development of PHC systems despite continuing economic constraints. At no other time has there been such interest in the health of children and in PHC in general among political leaders and policy makers. In all regions, as part of the re-examination of PHC achievements 10 years after Alma Ata, the focus is on the economics and the financing of the health system. There is a greater recognition of the need for community financing of PHC, not merely to assist Governments with severe budget constraints, but also as a means of increasing community involvement in health. Workshops have been held on these issues, especially in South-East Asian and African countries. In Africa, this was greatly influenced by the Bamako Initiative, which has contributed a significant impetus to African thinking on PHC.

44. Attention has been focused on ensuring the sustainability of the significant achievements in immunization. Other areas receiving attention are the decentralization of health services, the strengthening of district management systems and the integration of the elements of PHC, health information, logistics and referral services. The decentralization of health management to the local level has continued in all regions, although the pace has significantly quickened in African regions under the aegis of the Bamako Initiative, with the district as the primary focus. Countries such as Kenya, Sierra Leone, Somalia, Zaire and Zambia have also improved their training programmes to build management capacity at both district and national levels. China has increased attention to the management of resources for programme sustainability.

45. District strategies for PHC development progressed in South-East Asia, the Western Pacific and in African regions. Efforts are being made to solve management and operational problems and to strengthen district and area-based health management. In an effort to improve health infrastructure and expand PHC coverage, countries such as Angola, the Gambia and Zimbabwe are either rehabilitating or constructing rural health centres. UNICEF has assisted with the provision of equipment for diagnostic, laboratory and other clinical functions to health posts and health centres in many countries, including Ethiopia, Mozambique, Zaire and Viet Nam. The referral system is also being re-examined in countries such as Guinea, Mongolia, Nepal and Sierra Leone.

46. The health management information system is recognized as weak and ineffective in many countries. Although in South-East Asia and in some African and Middle Eastern countries, computerization is being introduced in the health sector, the major problem in the quality and timeliness of data remains.

47. Advances are being made in linking immunization programmes with the basic maternal and child health (MCH)/PHC systems and other health interventions such as malaria and CDD in many countries. The training of community health workers and other volunteers and aides is continuing, as is the training of community leaders and workers in sectors related to health to improve intersectoral co-ordination.

The training of traditional birth attendants (TBAs) has taken place in all countries, and some high-level health personnel have taken courses to improve referral, supervisory and training functions. In China, 1,600 brief training courses were held for 75,000 participants, including 700 doctors, in advanced MCH.

48. The Safe Motherhood Initiative, including concern for the health of adolescent girls, has become a major new thrust in MCH, and regional and national workshops have been held in many countries, often in collaboration with WHO, UNFPA, UNDP and the World Bank. For the French-speaking countries of Africa, an important milestone was the safe motherhood conference held at Niamey. Attempts are under way to establish the extent of the maternal morbidity and mortality problems in several countries, which are working, through staff retraining and the upgrading of health centres and referral clinics, towards achieving a 50 per cent reduction in maternal mortality (see E/ICEF/1990/L.13).

49. Malaria remains a serious problem in Africa, where chloroquine resistance continues to increase, and in South-East Asia, where resistance has spread to various antimalarials. In the Middle East, it has become necessary to monitor large-scale human population movements to and from malarious areas. Malaria is resurgent in Central America, and Bolivia has experienced a rise in its incidence. UNICEF is supporting studies in chloroquine resistance and the use of pyrethroid impregnated mosquito nets. In many countries in Africa and South-East Asia, malaria control activities have been integrated with MCH activities.

50. UNICEF has collaborated with WHO, USAID and NGOs, such as PATH and REACH, in developing appropriate technology in the field of MCH and immunization. A most notable UNICEF initiative has been its involvement in the development of a low-cost solar-powered electronic scale that can measure the weight of both the mother and the child on the same scale. UNICEF has also been involved in the development of self-destruct syringes and needles, and the scales, syringes and needles are now undergoing field testing. Together with other agencies, UNICEF is also evaluating other appropriate technologies, such as "PATHtimer", a time/temperature monitor for disinfection by boiling; "PATHwatch", a heat exposure indicator for measles vaccine; "Birthweigh", a birth weight indicator for TBA use; and "PATHstrips", a reagent strip for detection of proteinuria. In order to institutionalize the co-operation of agencies in the development and eventual use of those important, low-cost technologies, a technology introduction panel was formed in 1989 at the initiative of UNICEF, comprising WHO, USAID and UNICEF as the initial core members.

51. There is increased co-ordination among international agencies working in health areas, and NGOs also play a significant role. In Africa, in particular, church-related organizations contribute substantially to PHC programmes.

7. The Bamako Initiative

52. Building on the recognition of the widespread need to improve essential drug supplies and to generate additional resources for PHC, the majority of African countries are now committed to a careful analysis of the health situation of vulnerable groups and to studying the options for improvement. In this process, UNICEF has continued to play the dual role of advocacy and action support. Since

each country is approaching the Bamako Initiative within the context of its own health situation and social, economic and cultural characteristics, the principal focus of UNICEF support has been at the country level, with an emphasis on strengthening national capacity to plan and implement improved MCH/PHC services. Many countries have established intersectoral national commissions to act as the leading body for strengthening PHC, to which UNICEF, WHO and other agencies lend support. Inter-country consultation, supported by the regional offices, has led to a greater understanding of different approaches, particularly in the detailed aspects of micro-planning, which is the key to effective decentralized management. At headquarters, the Bamako Initiative Management Unit has continued its central role in developing the conceptual framework of the Initiative into a broad-based MCH/PHC revitalization effort.

53. The issues of the rational use of drugs, cost recovery problems, the management of community funds, equity of access to PHC, referral services, essential drugs supply and information management constitute the ongoing challenges to implementation of the Initiative. Experience in different countries, however, is beginning to indicate possible solutions. The establishment of a social fund in Mozambique, for example, to provide subsidies for the very poor and certain other vulnerable groups is one systematic way of addressing the question of equity for those without access to health services. As access to PHC is around 50 per cent in Africa, the inequality of geographical access is perhaps more accentuated than that owing to economic means alone. Thus, extending PHC coverage remains a major objective of the Initiative. The generation of community finances has been linked to improved services, for example, in Guinea. Progress in data collection and the initiation of operations research activities, for example, in Benin, Guinea and Mauritania, has begun to yield better indicators to monitor progress. It is also becoming increasingly clear that more intensive education and training are needed at the community level. Supplementary programmes, as approved by the Executive Board as a global programme in 1988 and as part of country programmes in 1989, have remained largely unfunded.

54. Provisional data from 44 health centres in Benin show an overall increase of service utilization of 144 per cent since the introduction of the Bamako Initiative strategy in February 1988, with a 182 per cent increase for curative care and a 65 per cent increase for preventive care, as measured by pre-natal visits and deliveries. Similar increases are evident from the monitoring system in place in 33 health centres in Guinea, although the lack of original data hinders the setting of exact percentages.

55. Implementation of the programme is detailed in a separate progress report on the Bamako Initiative (see E/ICEF/1990/L.3).

8. Childhood disability

56. UNICEF-assisted training activities for village-level health workers focus on early identification of children at special risk because of disablement and poverty and children in especially difficult circumstances. For example, in China, there are programmes for the early identification of and intervention for children with special needs and for mentally retarded pre-school children. Brazil has emphasized

the training of special education teachers in disability prevention and early detection. In Mauritius, where it is estimated that 12 per cent of children suffer from some kind of impairment - either physical, mental or sensory - UNICEF assistance focuses primarily on the design of a system for early identification and intervention in pre-schools and on a widespread sensitization campaign in the community to integrate disabled children in schools and to train teachers.

57. Through the development of community-based rehabilitation services within the framework of PHC and other community services, it has been possible to reach larger numbers of disabled children. In 1989, early detection and rehabilitation services, assisted by UNICEF, have been reported in 27 countries. Egypt, Kenya and Pakistan have reported national commitment at the highest level to programmes for disabled children. The Central America subregional programme for the prevention, early detection and community-based treatment of childhood disabilities has been extremely successful in advocating for increased government attention. Through an innovative grass-roots approach involving parents and low-cost appropriate technology, the programme has developed new methodologies for providing care for disabled children, often allowing them to be "mainstreamed" in the regular educational systems.

58. Major efforts in 1989 were also directed to a systematic situation analysis regarding disabled children. The analysis was carried out in each country as part of the subregional situation analysis upon which the new subregional education for development programme is based. This new subregional programme includes components related to community-based prevention, early detection and treatment of childhood disabilities, and will absorb and consolidate activities formerly carried out under the separate subregional project for the disabled. This will allow closer co-ordination with other early stimulation, pre-school and primary school activities. In August 1989, UNICEF, together with Rehabilitation International, the Estonian Children's Fund and the Soviet Children's Fund, co-sponsored an international conference on "Rehabilitation of disabled children: present state and future trends" at Tallinn, Estonia, Soviet Union.

D. Basic services

1. Nutrition and food security

59. UNICEF support in this area, critical for CSD, reflects the general recognition that the nutritional status of children results from a range of complementary activities that are primarily influenced by three factors: health care and a healthy environment; maternal and child care, including proper feeding practices; and food security. Based on past UNICEF experience and involvement in nutrition, and recent experience of the UNICEF/WHO joint nutrition support programme (JNSP) and the inter-agency food and nutrition surveillance programme and other activities, a nutrition strategy is being submitted to the 1990 Executive Board (see E/ICEF/1990/L.6).

Joint nutrition support programme

60. JNSP is the largest nutrition support programme ever undertaken by WHO and UNICEF. Started in 1983, it has operated in 18 countries with a contribution of $85.3 million from the Government of Italy. Having begun as an experiment to test different country-based approaches to the problem of malnutrition, the programme was evaluated in 1989. Preliminary findings, which will be published during 1990, lead to the important conclusion that there is no pre-determined set of interventions that results in improved nutrition. To secure a significant reduction in child and maternal malnutrition, it is necessary to improve the ability of people at all levels of society to assess the problems, analyse their causes and plan and implement appropriate actions to overcome them. A programme to improve nutrition is, therefore, more likely to succeed if it has a community-based nutrition information system which, by making the problem visible, mobilizes people and serves as a tool for them to monitor the success of their actions.

61. This approach is the basis of the new UNICEF nutrition strategy being presented to the Executive Board in 1990. First developed and tested in the JNSP in the United Republic of Tanzania, it has been extended to a number of JNSP countries including Ethiopia, Mali, the Niger and Peru, with very encouraging results. The generation and discussion of nutrition data by the community had resulted in unprecedented mobilization for child survival and nutrition. It has also given rise to a serious dialogue between the community and the sectors and has facilitated co-ordination among sectors.

62. While a number of countries are near the end of their JNSP support, seven are expected to continue the country-level programmes well into 1991 and, in two cases, beyond. The agencies and the donor agreed to end the global component of the joint programme in December 1989, and country-level activities will be supported through normal agency channels. A summary report of the programme and an evaluation of its achievements is available separately.

Growth monitoring

63. Despite its significance in detecting faltering child growth, many countries have been slow to accept growth monitoring, and even where it has been accepted, follow-up actions are weak. However, the JNSP experience in Iringa, United Republic of Tanzania, has changed this perception, and community-based growth monitoring for both action and response has now become a common practice in several countries. The experience in Malawi confirms that it is especially promising in the context of area development programmes. Elsewhere, emphasis is on growth monitoring as a focus for integrated MCH services, for example, in Brazil and Togo, and on the concept of extending the growth chart to a comprehensive health record as in India and Oman. The need for immunization records with widening immunization coverage has also stimulated the use of growth cards in many countries. The availability of low-cost, solar-powered electronic scales is expected to accelerate growth monitoring activities.

Food and nutrition surveillance

64. The goal of the UNICEF programme of food and nutrition surveillance is to protect the vulnerable in times of stress and to improve their overall welfare through the strengthening of government policies and programmes of community actions affecting nutritional status. Nutrition surveillance involving the ongoing measurement of the nutritional status of children, measured against their expected weight and height for age, will be used as a yardstick for action in planning for children across the board. The special focus of UNICEF activities in food and nutrition surveillance is to encourage Governments to report regularly and frequently on several common indicators in a standardized, simple and timely fashion in order to alert decision makers to the existence of a problem and to stimulate them to use this information to initiate appropriate actions. UNICEF, working with the Food and Agriculture Organization of the United Nations (FAO) and WHO under the umbrella IFNS, and supported by the Netherlands and Switzerland, has expanded its country, regional and international activities during 1989.

65. Country projects were funded and became operational in China, Madagascar, the United Republic of Tanzania, Venezuela, Viet Nam and Zambia. In China, the Academy of Preventive Medicine is collaborating with the State Statistical Bureau to develop national food and nutrition surveillance to shape national food policy. In Madagascar, the Programme national de surveillance alimentaire et nutritionelle (National Programme of Food and Nutrition Surveillance) was created in 1989 to spearhead an intersectoral assessment capability for identifying food vulnerable areas and nutritionally vulnerable groups by using available information to help develop national policies, structure programmes of action and target scarce resources and interventions. In Uruguay, UNICEF has co-operated with the Instituto Nacional de Alimentación (National Food Institute) to complete the first national census of the height of first-year, primary school children. In Thailand, the UNICEF-assisted project for strengthening food and nutrition surveillance for nutrition-oriented development decisions seeks to maintain the recent trend of declining prevalence of young child malnutrition.

66. Regional activities include an orientation workshop organized by WHO for francophone West African countries and the development of a regional training programme in food and nutrition surveillance for the Americas, in close co-operation with the Pan American Health Organization (PAHO). The report of the International Conference on Food and Nutritional Surveillance for National Development, held in Mexico, recommended that countries establish multisectoral food and nutrition surveillance systems in order to provide decision makers with timely, accurate and easy-to-use data on the nutritional status of populations and on trends in food availability and consumption.

67. At the international level, activities included the establishment of a network to develop and disseminate computer software for nutritional status assessment and methodological work on appropriate indicators; development of a correspondence course on assessing nutritional status in household surveys; and advocacy for food and nutrition surveillance for national development. There has been collaboration with the World Bank Social Dimensions of Adjustment programme at the country and international levels, and ties have been strengthened with the Demographic and

Health Survey programme to incorporate nation-wide nutritional assessments in as many countries as possible.

Infant feeding

68. Breast-feeding continues to decline. Country reports indicate a wide range of activities aimed at reversing that trend, including the training of health workers; use of the mass media; advocacy for national-level action, including legislation to regulate marketing of breast milk substitutes; and integrating breast-feeding promotion in MCH and CDD programmes. Many of these activities received impetus from the publication early in the year of the joint WHO/UNICEF statement on the special role of maternity services in protecting, promoting and supporting breast-feeding. The statement includes a summary of what every facility providing maternity services and care for new-born infants should do in the form of "10 steps to successful breast-feeding". Over 35,000 copies (initially in English, French and Spanish) of the statement were distributed. Much more, however, remains to be done. In particular, the importance of not introducing foods and fluids other than breast milk before four to six months of age must be emphasized and information systems should distinguish between exclusive and partial breast-feeding. More generally, the future challenge is to create an environment of awareness and support to enable those women who choose to exercise their right to breast-feed to do so; to promote exclusive breast-feeding for four to six months; and to continue to encourage breast-feeding with complementary foods for up to two years or longer.

69. The introduction of appropriate complementary foods at the appropriate time - proper weaning practice - is of critical importance in infant feeding. A study in Swaziland showed that poor feeding practices, rather than a lack of resources, were the main cause of stunting before two years of age, and the UNICEF-supported project to promote improved feeding of young children addresses this issue. In Ghana, the work-load on women was identified as a major constraint, and the corresponding project includes the provision of small grinding mills and the enhancement of women's income-generating capacity.

Household food security

70. UNICEF is providing direct support for food production at the household level in several African countries. For example, in the United Republic of Tanzania, support was provided to mobilize communities in the Masasi District to plant nearly 100,000 acres of food crops (cassava, sorghum, green gram and cowpea). Many households have produced far in excess of their consumption needs, thus contributing to increased levels of household income. Similar food security projects have now begun in other areas, closely linked to complementary child survival activities through ongoing JNSP and CSD programmes.

71. In Nigeria, improved seeds and planting materials for cassava and soybean have been distributed to local farmers in two states. The entire population (roughly 13 million) will have access to sufficient planting materials for its needs by 1991. The project also distributed palm oil seedlings to over 1,750 families, which should help to address the problem of low oil intake and contribute to increased income at the household level. Diversification of food crop utilization

through training, demonstrations and recipe development and promotion, as well as support for the development of improved household technologies to reduce women's labour, are also included. Three additional States began start-up project activities during 1989. In Malawi, UNICEF continues to support the National Food and Nutrition Policy Unit in the Office of the President. Similar approaches to advocacy in the area of food security and nutrition are being applied in Angola, Botswana, Guinea, Madagascar, Mozambique, the United Republic of Tanzania and Zambia.

72. In several Sahelian countries, assistance has been provided for food production, dry-season gardening activities and community-based cereal banks. In the Niger, several projects have gone beyond their original, emergency-oriented goals and key support was provided to over 150,000 people for the rehabilitation of their productive and income base. In Mali, the importance of community-based programming has been stressed, and UNICEF is negotiating a joint project with IFAD in support of food security, education, health and functional literacy. Other countries with support for vegetable gardening (backyard, kitchen or at schools) include Bhutan, Cambodia, the Central African Republic, the Gambia, Madagascar, islands in the Pacific Ocean, the Philippines and Viet Nam. In Burundi, Ethiopia and Rwanda, assistance for the provision of credit for women is an important component of food security programmes. In Bangladesh, Egypt, Mozambique, Nepal and Sri Lanka, such assistance is provided as part of UNICEF support to women's programmes or the area-based programmes.

Micronutrient deficiencies

73. Although, in the long term, improvement in the quantity and quality of the diet is the best way to overcome micronutrient deficiencies, there is an immediate need in many countries to supplement the diet with particular vitamins and minerals. The provision of dietary supplements for women and children is a traditional form of UNICEF support that is continuing, and new ways of distribution are being explored. Particularly promising are attempts, as in Bangladesh and India, to build upon the successful outreach of the immunization programme. UNICEF support to vitamin A deficiency control programmes more than doubled in 1989 over the levels of the previous two years. Supplies of high-dose vitamin A capsules reached a record 105 million, substantially more than the previous peak of 81 million in 1985. The two major programmes, accounting for most of the vitamin A supplements, were in Bangladesh and Indonesia. Supplements were also provided to many other countries. Some support was given for gardening activities, training, studies and workshops to improve programming and communication materials to increase awareness at all levels of the problem and ways of dealing with it. Of special concern to UNICEF is the evidence linking vitamin A deficiency with increased morbidity and mortality in young children, and some support was provided for research being done in Ethiopia, India and Nepal to clarify the issue.

74. The control of iron deficiency anaemia is an area that requires increased UNICEF support. At present, supplements are provided through health services in a number of countries, most notably in Indonesia through the posyandus (integrated service posts), and there is evidence in India and Myanmar that compliance, especially in pregnant women, is not the problem it was thought to be. Nutrition

education to enhance absorption of iron through dietary modification is encouraged, but more needs to be done. An innovation in India was the promotion of a workshop, organized by the National Productivity Council and the Ministry of Health, at which a WHO/UNICEF film entitled Put the Iron Back into our People prompted industrial managers to develop action plans for the control of anaemia and the improvement of women's nutrition. These plans, as well as education materials, were subsequently distributed to 2,500 industries.

75. Iodine deficiency may be overcome in the long term through socio-economic development enabling a diversification in the diet. However, because the iodine content of local foods reflects the underlying geology of the area, there is no immediate practical alternative to providing iodine as a dietary supplement through iodized oil or by fortifying salt or water with iodine. The professional body in this area, the International Consultative Council of Iodine Deficiency Disorders, continues to receive UNICEF support. UNICEF now supports activities related to the control of iodine deficiency disorders (IDD) in 24 countries (12 in Asia), and the value of its assistance in 1989 more than doubled that of the previous year. Support includes advocacy (as in Bangladesh, Kenya and Sri Lanka, where the Governments have decided on universal salt iodization); programme development; various aspects of implementation (supplies, training and communications); and monitoring and evaluation. In Nepal, a report of the All India Institute of Medical Sciences showed that, in areas where iodized oil injections were introduced five years ago, there were now no cases of cretinism among children under five years of age. In Africa, the major programme is in Ethiopia, where the iodization plant at the Assab salt works was officially inaugurated in 1989 and iodized oil capsules were provided for two areas. JNSP continued its support to IDD control programmes in the Andean countries and to project preparation elsewhere in the Americas and in Asia.

2. Water supply and sanitation

76. IDWSSD will end in December 1990, only partially achieving its objectives. It is estimated that by that date, only 60 per cent of the population in developing countries (excluding China) will have access to drinking water and 25 per cent to sanitation. Although great strides have been made in many countries in providing water during the decade, sanitation has proved to be an elusive goal, especially in rural areas, and presents a great challenge for policy makers in the coming decade.

77. Using low-cost technologies, UNICEF-assisted water and sanitation programmes have benefited an annual average of 16 million people for the period 1981-1990 in almost 100 countries. The principles of community management of maintenance, community responsibility for organizing technical skills and cost-sharing mechanisms have ensured both the efficient functioning and sustainability of programmes in many countries, including some Central American States, Ghana, Indonesia, Nigeria, Somalia, Sri Lanka, the Sudan and Uganda. It is expected that India will be close to achieving universal coverage by the end of 1990.

78. In an increasing number of countries, UNICEF-supported CDD programmes have been linked to water and sanitation programmes, with successful results.

Evaluation reports in some countries are showing that integrated water, sanitation and hygiene education programmes in the same communities can reduce the incidence of diarrhoea among children by about 20 to 25 per cent.

79. For effective programme delivery in the field of water and sanitation, social communication has an important role to play, and this is being increasingly appreciated by programme planners and implementers in many countries. For example, in India and Sierra Leone, social mobilization underpins the entire water supply and sanitation programme. Bangladesh, Bhutan and Burundi have successfully utilized social mobilization to create demand for latrines and to inculcate good hygiene practices. In many countries, UNICEF-supported school hygiene programmes contain a sizeable sanitation component. However, considering UNICEF experience and expertise in social mobilization for immunization, more could be done in this area.

80. UNICEF-supported water and sanitation programmes also include: (a) rainwater harvesting via roof and rock catchment in a number of countries; (b) the experimental use of solar pumps in Benin, the Gambia and Myanmar; (c) the rehabilitation of old and non-functional water and sanitation systems simultaneously with the construction of new systems; (d) linking water and sanitation programmes with environmental concerns in urban, peri-urban and rural areas; and (e) material and equipment development.

81. The water and sanitation programmes continue to provide opportunites for technical co-operation among developing countries. For example, Bangladesh assisted both India and Viet Nam by transferring some of its technologies, and Rwanda provided technical assistance to Namibia. In addition, collaboration between UNICEF and other United Nations agencies, such as UNDP, WHO and the World Bank, continues at the headquarters level through the Decade Steering Committee. At the field level, UNICEF, UNDP and the World Bank are engaged in a joint environmental sanitation project in Botswana. In Bangladesh, UNICEF, UNDP, the World Bank and others are jointly developing the modified Tara hand-pump. UNICEF is collaborating with PAHO in El Salvador and Guatemala, with USAID in Belize, with the German Development Agency in Honduras and with a variety of national and international NGOs in many countries.

3. Basic education

82. The decade of the 1980s, with its economic recession and debt, highlighted the crisis in basic education. In nearly one half of the developing countries, the goal of universal primary education has actually receded. In many countries, the number of primary school students has decreased, the disparity between the enrolment of boys and girls has widened and both the quality and relevance of education have declined. About 100 million children have no access to education.

83. Against this background, in 1989, the Executive Board endorsed the renewed focus of UNICEF on basic education and the proposed World Conference on Education for All. However, UNICEF programme co-operation in education remains modest. In 1989, only 6 per cent of UNICEF programme expenditure was for education, despite the needs of individual countries and the magnitude of the challenge.

84. UNICEF support for basic education has focused on the following three major targets: (a) increasing access to relevant and quality education for children and adults; (b) improving educational opportunities for girls, women and other disadvantaged groups; and (c) enhancing community participation in planning, development and management of educational activities.

85. In response to the particular needs of countries, UNICEF support for primary formal and non-formal education, adult literacy and training, special education for physically disabled children and education facilities for children in especially difficult circumstances has been of a catalytic nature.

86. In primary education, UNICEF co-operation has focused on those project components which are directly related to substantive improvement in quality such as curriculum reform, teacher training and retraining and the production or supply of teaching materials and aids. In many countries that have otherwise attained a reasonable level of literacy (such as Bolivia, the Philippines and Sri Lanka), the training of multi-grade teachers has become an important part of UNICEF support for primary education in disadvantaged and remote areas.

87. Lessons on health, nutrition, sanitation and other aspects of CSD have been incorporated in most basic education programmes at the pre-school, primary and adult literacy levels. Area-based integrated services programmes, as in India, have been found most effective in disseminating CSD messages. Other non-traditional ways have also been used to communicate CSD messages, such as in Kenya and Sierra Leone, where religious teachers were trained in CSD education. In India, a video series called Khilti-Kalyan (blossoms) has become an important motivational tool to increase the demand by women and girls for education, as well as to impart knowledge on MCH, nutrition and environmental sanitation.

88. In many countries, UNICEF-supported early childhood development programmes include the training of pre-school teachers; assistance in the production of teaching and learning materials; creating awareness through seminars and workshops; and, as in Guinea and Thailand, support for community-based child development centres.

89. In all countries, UNICEF co-operation has focused on depressed areas, such as rural and hard-to-reach areas, and on disadvantaged sections of the population, such as girls, women, children in especially difficult circumstances and minorities. In northern Brazil, UNICEF has continued to support the Saturday and Sunday school project in Bahia for literacy and training of youth and adults, most of whom are women. In Angola, basic educational services for children in especially difficult circumstances were supported through in-service teacher training. In Yemen and Democratic Yemen, the main focus has been on improving the enrolment of girls and on women's literacy.

90. UNICEF continues to support innovative approaches such as upgrading the skills of head teachers and for reaching rural girls through satellite schools as in Bangladesh; mobile teams of integrated physical, mental and emotional development services in Thailand; building support linkages between schools, teachers and the community to provide education in the context of war in Mozambique; the radio

education programme of Somalia; and extra-curricular science education, especially in rural areas in China.

91. In some countries, linking women's literacy programmes with some income-generating activities has reduced high drop-out rates as both students and tutors value the opportunity to increase their limited income. The innovative credit schemes of the People's Bank of Indonesia in support of income-earning activities for UNICEF-assisted learning groups has demonstrated that providing credit incentives to poor, illiterate women motivates them to become literate.

4. Environment

92. The Brundtland report, Our Common Future, highlighted the linkages of world poverty with environmental degradation. Alleviation of poverty and meeting basic human needs are seen to be as important for truly sustainable development as the conservation of life-sustaining natural resources. UNICEF-supported programmes in water supply and sanitation, urban basic services, education and women in development contribute to a better environment and sustainable development. However, environmental degradation is occurring so rapidly that more will need to be done within the framework of UNICEF-supported programmes, especially at a time when environmental concerns are on the priority agenda of both the public and the policy makers.

93. During the year, UNICEF policies and actions in the field of environment were further clarified during the 1989 Executive Board debate, at the JCGP high-level meeting on environment and sustainable development in Rome and at a UNICEF policy meeting in New York. A consensus was reached that the most effective involvement for UNICEF would be in the areas of social or agro-forestry, fuel-efficient stoves, community initiatives for food security and environmental education. It was further recommended that an environmental dimension be incorporated in all UNICEF programme activities.

94. In general, direct intervention to protect and preserve the natural environmental resource bases such as water, land and air, have not been areas of UNICEF co-operation. Yet, in India, for example, environmental concerns have been receiving increased emphasis in project-level interventions in water, sanitation, urban and women's development activities. UNICEF has provided financial support and technical guidance to develop improved hand-pumps and to help the Government regularly to monitor the fluctuation of ground-water levels, as well as to launch a mass education campaign on water conservation.

95. To date, UNICEF has been involved in social forestry schemes in Nepal, Sri Lanka, the states of Gujarat and West Bengal in India, and primarily within the framework of women's development. In Nepal, efforts have been made through the Production Credit for Rural Women and the Small Farmers Development Programmes to address environmental issues through interventions such as community wood lots and forestry, the production of fodder, the production of improved stoves, low-cost water turbines for milling grains, bio-gas plants, and environmental sanitation. UNICEF-supported food security projects in Malawi, Mozambique, Nigeria, Rwanda and

the United Republic of Tanzania are examples of how these interventions can be effective in mobilizing a community to increase food production through environmentally sound, sustainable production systems.

96. Many countries in Latin America, expecially Brazil and Guatemala, are focusing on environmental education as part of their efforts to halt environmental degradation. In order to explore the possibility of expanding and incorporating environmental education more concretely, a policy review paper on environmental education has been prepared for dissemination. UNICEF has also collaborated with the United Nations Environment Programme (UNEP) in preparing a report on "The child and the environment", to be issued jointly on World Environment Day in May at Mexico City. UNICEF has also co-operated with UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNEP in organizing a panel on environmental education during the World Conference on Education for All.

5. Women in development

97. The policy on women adopted by the Executive Board in 1985 and 1986, and the implementation strategy approved in 1987, called for the incorporation of the needs and concerns of girls and women into the mainstream programme of co-operation of UNICEF, with emphasis on the multiple roles and responsibilities of women. Country programme initiatives in 1989 showed growing application of the policy. The situation analyses of countries were strengthened through specialized studies to identify the priority needs of girls and women for more effective programming. Such operational research has highlighted the special needs of girls, school drop-outs, pregnant adolescents, women farmers and female-headed households, as well as the issues of women's access to education and credit and the impact of the economic crisis, adjustment, unemployment and migration on women.

98. The diversity of country conditions and the particular socio-economic and cultural situations of women have led to the incorporation of UNICEF policy objectives in country programmes in different ways. Women and women's organizations have played a key role in the CSD interventions. As community mobilizers, health agents and disseminators of CSD messages, they have contributed to the successes of large-scale immunization and water services in several countries. At the same time, integrated health and educational services have been provided for women through safe motherhood and MCH programmes that are being strengthened within the PHC system in many countries. The provision of community water services in UNICEF-assisted countries in all regions has helped to reduce the time and energy spent by women in the tedious task of water collection. UNICEF has increasingly been supporting ways for women to develop technical skills to maintain water pumps efficiently and to participate in the management of water supply systems or to engage in water-related, income-earning activities.

99. Formal and non-formal education has been a powerful tool in strengthening the position of women in society. Major initiatives are being undertaken to focus attention on the education, health and overall well-being of girls. Non-formal education and literacy programmes for women and adolescents continued to be strengthened and integrated with health education, vocational training and economic activities for women in several countries.

100. Poverty and low income have led many country programmes to support economic activities and credit opportunities for women. In Africa, the economic activities have been closely linked with household food security. In the Caribbean, they have centred on unemployed adolescent girls and women heads of household, while Bangladesh and India have targeted the poorest women.

101. The expansion and sustainability of women's development activities depend on support at the country level. UNICEF has co-operated to promote such support with several partners in Government, religious organizations, NGOs, the United Nations and bilateral donors in particular countries. Assistance has also been given to strengthen the institutional capacity of women's organizations, bureaux and ministries for advocacy, policy formulation and monitoring and evaluation. Inter-agency co-operation and co-ordination have involved UNICEF, the United Nations Development Fund for Women (UNIFEM), UNDP, UNFPA and WFP in project activities in many countries.

102. While all regions have reported encouraging achievements, many challenges remain. National policies in favour of women's overall advancement need strengthening. A considerable number of interventions for women continue to be fragmented and marginal. Technical capacities of UNICEF staff and government counterparts need to be developed or increased to facilitate the translation of policy commitments into concrete actions of direct benefit to girls and women. A more detailed analysis is contained in the 1990 progress report (E/ICEF/1990/L.1).

6. Urban concerns

103. As the economic situation deteriorates and war or internal strife continue in many countries, their urban centres are strained in trying to cope with the needs of new migrants. Thus, UNICEF programmes and goals for the 1990s increasingly target urban groups. Urban basic services programmes in Asia and Latin America continue to expand. The programme in India has reached 118 cities, supporting community development efforts in city governments, community organization and basic services, including PHC, immunization, early childhood development and water and sanitation. The recent mid-term review indicates a need for quality control, but the programme has now become a national policy and is supported by other external donors.

104. In Thailand, urban programmes in PHC, immunization and early childhood development have reached all major and secondary cities. In Bangkok, PHC is now institutionalized and immunization coverage has reached 88 per cent for all antigens except measles, which is 67 per cent. The urban programme has been extended to include a working children and street children project. In Indonesia, the Philippines and Sri Lanka, urban basic services programmes are also important components of UNICEF country programmes and reach significant numbers of the urban poor.

105. In Latin America, urban basic services achieved solid results in Guatemala, Honduras and Nicaragua in community development, water supply and basic services, respectively. In Colombia, where urban basic services have been supported since 1983, they are expanding to other poor areas and approaching sustainability.

106. Urban basic services programmes are being developed in Kenya, Liberia, Nigeria and the Sudan. The PHC programme at Addis Ababa, has established a model for other cities in the region, particularly in reaching high levels of immunization coverage. High immunization coverage is also being achieved at Maputo, and several other cities in Africa. None the less, Africa, the most rapidly urbanizing region, should be the focus of more extensive programme development in urban areas.

107. Based on new definitions of urban areas, the urban population of China now represents 50 per cent of the total population, implying an urban growth rate exceeding 10 per cent per year for the last decade. Although child survival indicators such as the infant mortality rate, the under-five mortality rate and nutritional status show that urban areas are still relatively better off, a specific examination of the situation of urban children in China is required.

7. Children in especially difficult circumstances

Children in armed conflict

108. Despite the decline in regional conflicts, many problems related to children in armed conflicts remain. In Africa, Angola, Ethiopia, Mozambique and other front-line States, children continue to suffer the effects of armed conflict. Lebanon and Sudan, in the Middle East and North Africa region, share the same fate, and in Asia, the conflicts continue in Afghanistan, Cambodia, the Philippines and Sri Lanka.

109. Many new or ongoing UNICEF activities are responding to those conflicts. The lead agency role of UNICEF in creating "corridors of peace" in the Sudan to allow relief supplies to be distributed has averted a major tragedy, providing another example of the power of the concept of "children as a zone of peace". In Lebanon, the summer youth camps have specific educational activities to promote peace and mutual understanding among youth from conflicting factions. In Central America, Mozambique and elsewhere, action research on the psycho-social effects of armed conflict are under way. In the Philippines, projects have been started to expand services to children affected by armed conflicts. UNICEF is collaborating with Rehabilitation International in a study on the situation of children and women who are victims of armed conflicts in order to determine their needs for physical rehabilitation. The extent and diversity of those activities indicate a need for an interregional exchange of experiences to improve and expand the UNICEF response to children in armed conflict.

Working children and street children

110. Ongoing co-operation with ILO to combat child labour exploitation included UNICEF support for a tripartite meeting on child labour in Africa held in Cairo, Egypt, in September 1989. Egypt, the Philippines, Thailand and several Latin American countries have already begun programmes to provide protection and services for working children. A meeting among these countries is needed to exchange experiences and to review and provide guidance for the training modules being prepared jointly by ILO and UNICEF. A staff working paper entitled "Protecting

working children" has been published. Recent estimates gave a magnitude of 100 million working children with their own special needs. UNICEF is working with different agencies and national Governments on how best to meet the special needs of these children, bearing in mind the uniqueness of the problems they face.

111. Programmes for street children have expanded rapidly in Latin America, and are being initiated in Africa and Asia as well. Childhope, the international NGO dealing with street children, organized the first Asian regional conference on street children, which has helped to raise awareness in that region and to disseminate the experiences of working with street children from Latin America and the Philippines to other Asian countries. Street children projects have also begun in a number of countries in East and West Africa.

112. UNICEF continues to expand its co-operation with national and international NGOs to raise public awareness and concern about child abuse and neglect. This is also a large and growing problem in industrialized countries, which may be an appropriate area for expanded co-operation through National Committees for UNICEF.

8. Emergency relief and rehabilitation

113. The most significant focus of the operational response of UNICEF to the unmet needs of vulnerable groups in emergency situations centred on the special situation in southern Sudan (Operation Lifeline Sudan), where both floods and drought, leading to food shortages, were exacerbated by epidemics and extended conflict and resulted in destruction, lack of access and displacement. On 23 March 1989, the Secretary-General of the United Nations appointed the Executive Director as his Personal Representative for Operation Lifeline Sudan. His mandate was to contact Governments, the two major parties to the conflict and international organizations at the highest level and to lead efforts to mobilize the international community to support the plan of action for emergency assistance. As of 30 September 1989, over 106,000 metric tons of food and non-food assistance, including medical supplies, had been delivered. This represents some 88 per cent of the total requirements estimated as priority needs. Operation Lifeline Sudan (phase I) was completed on 31 October 1989. It was followed by a second major operation (phase II) which sought to provide a similar level of food and non-food aid support. A major component of this phase was the timely and effective distribution of emergency rehabilitation inputs such as agriculture tools, nets and cattle vaccines.

114. UNICEF has also responded to various natural and man-made disasters in 38 countries in Asia, Latin America, the Middle East, and especially Africa, and has continued to operate relief and rehabilitation programmes in Ethiopia, Iraq, the Islamic Republic of Iran, Lebanon and Namibia. It has also supported the initiatives of the United Nations Secretary-General in mobilizing extra resources through system-wide appeals for victims of drought, famine and conflicts in Afghanistan, Angola, Mauritania, Mozambique, Senegal and the Sudan. In 1989, 15 countries in Africa, the Americas, Asia and the Middle East received funding assistance totalling $2.6 million from the Executive Director's Emergency Reserve Fund annual allocation of $4 million. Furthermore, UNICEF, in agreement with the Governments concerned, has diverted funds already committed for existing long-term

programmes to immediate relief activities in 16 countries in Africa, Asia and the Middle East and used special contributions received for specific-purpose emergency operations in 21 countries. In sum, a total of $54.4 million was received from all sources of funding for emergency operations in 39 countries.

115. Lessons learned by the United Nations family and the international aid community in general have resulted in a number of positive developments in emergency preparedness and prevention. These include a growing awareness and strengthening of national early warning information systems to predict drought and potential food shortage situations; the importance of enhancing capacity at government levels to co-ordinate preparedness and response to crisis situations; and the recognition of the need to address the root causes of famine by reducing household vulnerability and improving self-sufficiency at the community level. For a fuller report on emergency operations, see document E/ICEF/1990/11.

E. Mobilization and other supporting actions

1. Social mobilization and programme communication

116. Social mobilization and communication applications increased in both quantity and quality within UNICEF co-operation efforts. Related experiences are leading to a greater emphasis on social mobilization analysis which aims to improve the planning, implementation and evaluation of these applications. This type of analysis is geared to produce knowledge about communication, social organizations and specific target groups in order to develop relevant and effective strategies, plans and activities. Assessments of sustainability issues in social mobilization programmes have also shown that more attention is required to communication and mobilization activities at the community level. For example, networks of rural health motivators, adequately trained in face-to-face education and communication, have been rated by country offices in Africa to be among the most successful components of UNICEF-assisted programmes. A communication training project financed by the Government of Norway pioneered this effort in Bangladesh, Ethiopia and Nepal. Long-term efforts related to radio and television are under way in Central America, Chad, Egypt, Ethiopia, Guinea, Indonesia, Mexico, Nigeria, the Philippines, Turkey and the United Republic of Tanzania.

117. The period under review witnessed consolidation of social mobilization activities, especially with artists, writers and other intellectuals, as well as with political leaders. Mobilizing for active community participation was the theme of the third symposium of artists and intellectuals held in March 1989 at Bamako, Mali. The symposium focused on ways and means to strengthen the participation of communities in the management of health care and other development sectors. It was held under the personal patronage of President Moussa Traore of Mali, then Chairman of the Organization of African Unity (OAU). Participants adopted the Bamako Manifesto which will serve as a guide for their activities at national and community levels during the 1990s.

118. The close relations between UNICEF and African leaders were further cemented during the 1989 OAU summit, resulting in the approval of four resolutions on

children's issues. One resolution declared the 1990s as the Decade for the African Child, two dealt with education and women in development, respectively, and the fourth approved the conclusions of the meeting of African health ministers held at Kampala, in March 1989. African leaders also advocated for children at other international meetings, notably the Movement of Non-Aligned Countries (Belgrade in September) and the Commonwealth summit (Kuala Lumpur in October). With the support of Bangladesh, India, Indonesia, Yugoslavia and Zimbabwe, Egypt and Mali successfully negotiated the adoption of a resolution on CSD by the Movement of Non-Aligned Countries. The 49-member Commonwealth summit provided a further framework for advocacy and action on behalf of children by endorsing a declaration in the final communiqué in which it reiterated its commitment to CSD. Such high-level declarations are important events in themselves because they place CSD on the political agenda, nationally, regionally and globally.

2. Debt relief for children

119. As requested by the Executive Board, UNICEF pursued its contacts with Governments, banks and financial institutions in an effort to provide debt relief and, at the same time, to mobilize increased resources for children. Three commercial banks in Western Europe exchanged their loans to the Sudan for local currency, which was donated to the UNICEF-supported water supply project in Southern Kordofan. Discussions are under way with several other banks that might make similar donations to UNICEF-assisted projects in the Sudan or in other countries.

120. The major initiative of debt relief for social investment in Latin America and the Caribbean has been prepared jointly by the Inter-American Development Bank (IDB) and UNICEF. Under the proposal, IDB would establish a special trust fund to receive contributions from interested donor Governments and private institutions. The trust fund would make soft long-term loans to Governments in Latin America and the Caribbean, enabling them to buy back their external debt in the secondary market at substantial discounts. In addition, the borrower Governments would be required to contribute funds in local currency to social development programmes agreed upon between the Goverment, IDB and UNICEF. It is hoped that the scheme will become operational in 1990. As far as UNICEF is concerned, the local currency funds would only be channelled to projects for supplementary funding that have been approved by the Executive Board. Discussions are under way on similar schemes for other regions.

3. Facts for Life

121. The Facts for Life initiative is being integrated into country programme activities in every region, and a headquarters support unit has been established to collect and exchange experience, promote co-ordination with the co-publishers, WHO and UNESCO, and to develop international collaboration with NGOs and other institutions.

122. By the end of September 1989, some 30 countries had already commenced activities ranging from straightforward distribution to full involvement of

governmental and other partners in the adaptation and use of the messages in various ways. For example, in the Philippines, Facts for Life is fully integrated into the social mobilization process at work in some of the poorest neighbourhoods in the country, and messages are being used in schools and widely broadcast by national and provincial radio. In Sri Lanka, the Government, non-governmental groups, the media and religious organizations formed a steering group to co-ordinate all activities, and a national version was officially launched at a gathering of Buddhist community development workers. Ghana analysed the potential for partnerships among the country's organizations and institutions, conducted KAP surveys on mothers and used the results in workshops with communicators to map national strategies. Meanwhile, the world organizations of Scouts and Girl Guides, Young Women's Christian Association and other international non-governmental groups are devising their own materials to reinforce activities at the national level.

123. Within a few months of the UNICEF/WHO/UNESCO "core" version going into circulation, an additional 1.5 million copies of national or subnational editions were in circulation or under production in other languages. Cartoons, billboards and puppets - in addition to radio, television and newspapers - were among the media carrying the messages.

4. Research and programme publications

124. UNICEF has long recognized the need to contribute its experience and the knowledge acquired for wider dissemination through studies and reports in order to meet policy and programme needs and to add to the flow of useful knowledge about women and children. The majority of studies are initiated by individual UNICEF field offices. However, the Programme Division in New York undertakes or commissions studies of broader geographical scope. During 1989, Programme Division studies covered a wide range of issues and disciplines, including the financing of education in low-income and adjusting countries; mutual self-help, community-financing groups for health in French-speaking countries in Africa; the survival of premature babies by the "kangaroo mother" method; relationships between child survival and fertility; positive deviance in nutrition; nutrition monitoring; children in armed conflicts; and rain harvesting in Africa.

125. The annotated catalogues of publications produced world wide by UNICEF in English, French, Spanish and Portuguese are updated on an ongoing basis. Since late 1989, UNICEF has assigned International Standard Book Numbers (ISBNs) publications produced in the field, and UNICEF studies are becoming more easily available outside the organization.

126. In order to publicize new UNICEF policies or changes in existing policies in both developing and industrialized countries, major policy review documents and related decisions taken by the Executive Board are now printed at low cost through desk-top publishing in a series called UNICEF Policy Reviews. In response to the wish expressed by the officers of the Executive Board, "Strategies for children in 1990s" has been published in English, French, Spanish and Arabic. The German Committee for UNICEF has published it for German-speaking countries.

127. Staff Working Papers are produced with the same low-cost technologies. Their purpose is to facilitate the rapid exchange of knowledge and perspectives among field offices and to stimulate discussions on new areas of programmatic relevance such as the protection of working children, the cost-effectiveness of programmes for the fourth United Nations development decade or the access of women to credit for income-generating projects in Latin America. Some are later published in book form by commercial publishers. Assignment Children/Carnets de l'enfance has produced a monograph on the Bangladesh Rural Advancement Committee's non-formal primary education programme as one of the UNICEF contributions to the World Conference on Education for All. A programme publications series, including the Conference Reports series and books, are sales publications in industrialized countries. They are usually distributed free of charge in developing countries, especially in those with foreign currency restrictions.

5. Monitoring and evaluation

128. During the period October 1988-September 1989, over 320 evaluations were completed, an increase of 47 per cent over the previous period. Action-oriented studies increased by 26 per cent.

Table 4. Evaluations and studies conducted by region and by year

Region	1987		1988		1989	
	Evaluations	Studies	Evaluations	Studies	Evaluations	Studies
East Asia and Pakistan	22	41	19	53	34	81
Eastern and Southern Africa	20	31	35	102	52	88
Middle East and North Africa	13	19	37	23	141	66
South Central Asia	48	19	56	34	25	23
Latin America and the Caribbean	8	36	30	44	32	77
West and Central Africa	18	33	41	70	38	76
Subtotal	129	179	218	326	322	411
Total, Evaluations and studies	308		544		733	

129. A review of evaluation plans and annual reports indicated the following:

(a) Immunization and diarrhoeal diseases accounted for 46 per cent of evaluations completed during the period. With the shift to assessing coverage at the province level, the number of immunization coverage surveys increased substantially. The proportions for water and environmental sanitation, education, nutrition and women were 11, 6, 7 and 4 per cent, respectively, compared with 11, 10, 8 and 5 per cent, respectively, during the previous reporting period;

(b) The capacity of field offices to forecast evaluations 12 months in advance remains weak. Of the evaluations planned for 1989, only 48 per cent were completed as scheduled. This is a modest improvement on the previous two years when 31 and 40 per cent, respectively, of those planned were completed. On the other hand, 67 per cent of evaluations completed in 1989 were not originally foreseen, in contrast to 60 per cent in 1988.

130. Over 65 per cent of country annual reports indicated that evaluations had an impact on project design and implementation. In Bolivia, early child stimulation is now focused on preparing mothers to provide better stimulation through women's education. The previous phase concentrated on pre-primary schoolteachers with a high turnover rate. In Brazil, the evaluation of ORT led to the decision to better concentrate messages on the correct preparation of ORS through the media.

131. The evaluation of JNSP in Somalia led to the adoption of a multisectoral approach to nutrition and to shifting both focus and expenditure to the periphery. In Liberia, the assessment of immunization helped in designing the new plan. The evaluation of sheep-breeding in Ethiopia contributed to a change in the policy of selling livestock. A joint WHO/USAID/UNICEF evaluation in the Sudan revealed that the weak central management of expanded programme of immunization (EPI) mobile teams resulted in high recurrent costs and cast doubts about the sustainability of this approach. Linkages between TBAs and rural women leaders in Egypt were established to enhance safe motherhood. In Pakistan, the common practice of applying ghee to the navel cord stump yielded new insights on how to decrease further the incidence of neo-natal tetanus.

132. During the reporting period, the experiences in social mobilization for UCI of Nigeria, Pakistan and Senegal were assessed and documented. Those of Colombia, India and Turkey are planned for 1990. The main conclusions of the first three can be summarized as follows:

(a) Most of the mobilization activities were concentrated on providing information to families on target diseases, timing and location of vaccination services by the mass media;

(b) Little work was done on user KAP surveys or on designing subsequent mobilization activities to address them;

(c) Countries that incorporated provisions for accelerated activities in their core budgets ensured the sustainability of these activities. Otherwise, the activities remained temporary and often dependent upon the availability of donor support;

(d) The role of the health provider as a communicator - whether formal, traditional or private - was not sufficiently utilized;

(e) Health structures outside the public sector were not fully involved.

133. The Evaluation Office continued to encourage the exchange of experiences and to improve monitoring and evaluation skills. The newsletter, which is issued three

times a year and provides a forum to share lessons, information on successful evaluations and other related news, has seen its readership grow to include several academic institutions and United Nations agencies. A workshop for 60 evaluation focal points from field offices was held at Florence, Italy, in June 1989. The first regional staff training workshop to integrate programming and evaluation was held in Mexico for 30 participants from Latin America and the Caribbean. It is expected that the workshop will improve the capacity of staff in the region to prepare evaluation plans and to express programme or project objectives in measurable or verifiable terms. The draft evaluation manual that was prepared last year was reviewed during the Florence workshop and a revised version is being prepared. A regional training workshop on UCI was held in October 1989 jointly with the UCI Unit at Abidjan for the technical officers in the West and Central Africa region.

134. Contacts with evaluation bodies both within and outside the United Nations system continued during the reporting period. Collaboration with the training activities of several leading universities and research institutes in the United States also continued. Technical support was provided to the International Commission on Health Research for Development in the preparation of its report for the 1990 conference. Regular co-ordination and exchange of information continued with sister agencies.

II. OPERATIONS

A. Staffing and staff training

135. At the end of 1989, UNICEF had 4,466 staff members, comprising 1,074 international Professionals (518 core, 494 non-core, 62 government-sponsored), 552 national Professionals (190 core, 362 non-core) and 2,840 General Service staff (1,404 core, 1,436 non-core). The staff members were assigned to 196 locations globally (including headquarters, regional and country offices), as well as sub-offices and out-postings and GCO in 106 countries.

136. Staff training in UNICEF has intensified since 1988 was declared the "Year of self-learning". It has not only kept pace with training needs for new programming requirements, but also future training needs for staff owing to evolving goals and strategies of the organization. In 1989, new training packages were developed on the Bamako Initiative, CDD, nutrition, management II, the training of trainers, personnel, writing skills and effective presentation. Building on the experience gained and feedback received on previous packages, the formats of the 1989 training package were improved and are now more self-explanatory. A new planning process has been introduced through which individual, office and organization-wide training needs were analysed and appropriate training programmes identified or developed to meet those needs.

137. Between 1986 and 1988, the total number of staff members who participated in some form of staff training increased from 753 to 2,690. In 1989, while there was no substantial increase in the number of staff trained, there was an improvement in the quality of training owing mainly to an organization-wide training of trainers

programme, improved training packages and greater involvement of Training Section staff in the implementation of training programmes.

B. Budget process

138. In preparation for the forthcoming budget review of all UNICEF offices by the Budget Planning and Review Committee, the UNICEF budget manual was updated and revised to incorporate all policy changes endorsed by the Deputy Executive Director, Operations, and the Committee, and was subsequently reissued in February 1990. In order to enhance further the efficacy of the budget process, the budget costing computer system was rewritten for implementation in 1990. Two new budget control computer systems were designed as well, one for headquarters and one for the field, and both are being implemented. In addition, budget estimates for the World Summit for Children and Summit-related mobilization activities (E/ICEF/1989/AB/L.15) were provided for consideration by the Executive Board at its special session in 1989.

C. Income and expenditure

139. Total income was $667 million in 1989. This compares with $638 million total income estimated in the medium-term plan for 1989. Although total income for 1989 is less than the 1988 total income of $711 million, it should be noted that, in 1988, there were changes in the accounting policy that resulted in a significant one-time gain in income in 1988. In the case of general resources, income in 1989 was, in fact, $30 million higher than in 1988, if the one-time gain of $44 million in general resources that occurred in 1988 is excluded from income for comparison purposes.

140. Contributions for emergencies in 1989 were $57 million, including $9 million for Afghanistan, $5 million each for the Islamic Republic of Iran and Iraq, $8 million for Mozambique and $17 million for the Sudan. The breakdown of income sources is shown in table 5 below. In 1989, income from Governments and intergovernmental organizations accounted for 75 per cent of total income, the balance being non-governmental income. General resources income in 1989 was $423 million, lower than the $428 million income estimated in the 1989 medium-term plan owing to foreign exchange effects resulting from the strengthening of the United States dollar during the year. Supplementary funds income, excluding emergencies, was $187 million in 1989, which was $12 million higher than the $175 million income estimated in the 1989 medium-term plan.

141. In 1989, expenditures totalled $633 million (see table 6 below). Programme expenditure for 1989 was $501 million, $101 million more than in 1988 and $3 million more than the 1989 medium-term plan amount. In 1989, cash assistance accounted for approximately 48 per cent of total programme expenditure, and supplies and equipment for 52 per cent. Budget expenditures totalled $135 million in 1989, bringing budget expenditures for the biennium 1988-1989 up to $253 million. This represents savings in regular budget costs of $13 million. compared to the approved revised budget estimates for the biennium of $266 million.

Total general resources expenditures were $380 million in 1989, compared with $322 million in 1988. The 1988-1989 financial results are detailed in the financial report (E/ICEF/1990/AB/L.7), and the financial plan contained in the medium-term plan provides the financial projections for 1990-1993 (E/ICEF/1990/3).

Table 5. UNICEF income

(Millions of United States dollars)

Source of funding	1986	1987	1988	1989
General resources	296	345	437	423
Supplementary funds	127	198	235	187
Subtotal	423	543	672	610
Emergency from supplementary funds	32	29	39	57
Total	455	572	711	667

Table 6. UNICEF expenditure by type of input

(Millions of United States dollars)

Type of input	1986	1987	1988	1989
Supplies and equipment (including freight)	190	208	215	259
Other cash assistance	139	157	185	242
Total programme expenditure	329	365	400	501
Programme support services	67	68	63	71
Administrative services	45	46	51	58
Write-offs and other charges	6	9	2	3
Total expenditure	447	488	516	633

D. Supply operations

142. The UNICEF supply operation accounts for some 50 per cent of the dollar value of programme assistance. The Supply Division also performs procurement services as support to developing countries on behalf of Governments, donors, NGOs and other agencies. All supply operations involve the Supply Division, whether related to procurement in developing countries, to supplies provided through the UNICEF warehouse at Copenhagen or to purchases for direct delivery from suppliers to field programmes.

143. During 1989, the Supply Division responded to the needs of the organization by further evolving procedures and systems to ensure a timely response to programme requirements. Excellent progress has been made in upgrading electronic data-processing hardware and designing new computer systems to provide the required capacity for the next decade. Long-term needs for vaccines and essential drugs continue to be met by the establishment of agreements covering forecast demand for a period of 24 months in advance.

144. The search for new suppliers continued in both developing and industrialized countries, with the objective of broadening the base of supply sources available to UNICEF. Within the United Nations system, the Supply Division is reinforcing its co-operation with agencies on procurement matters. This work is being facilitated by the recent relocation of the Inter-agency Procurement Services Office to Copenhagen, and will be further consolidated in 1991 when the office moves into the enlarged UNICEF offices in Copenhagen.

145. Procurement in developing countries again received special attention and the total in 1989 exceeded $77.7 million, an increase of 38 per cent over the $56.2 million in 1988. Total procurement in 1989 was $273.4 million, as compared with $248.5 million in 1988. The proportional increase in developing country procurement was 6 per cent. The Supply Division will continue to ensure that both developing countries and less involved major donor countries are given the opportunity to participate in UNICEF contracts through the established procedures for international tendering.

146. During 1989, the Government of Denmark agreed to finance the expansion of the administration buildings of the Supply Division at Copenhagen. The detailed architectural design is being completed and construction will commence in August 1990, with a target completion date of August 1991.

E. Information resource management

147. New programme coding and budget procedures were formulated in 1989 for effective introduction beginning in 1990, which necessitated corresponding changes in information systems. A new version of the standard field office computerized system was completed to accommodate those changes. Virtually all UNICEF offices are now using the standard system that supports programme and administrative budget management, supply management and local accounting requirements.

148. A major priority in 1989 was the effort undertaken to improve the central financial and accounting systems, and progress is reported on separately below.

149. A new headquarters library system was acquired, and work began on an events and contacts data base. These, and electronic systems to support records management, will become fully operational in 1990, and will begin to address the more text-related management information needs of UNICEF.

F. Progress report on central financial systems

150. At its April 1989 session, the Executive Board requested UNICEF to report at the next regular session on progress to replace or enhance the UNICEF central financial computer systems (see E/ICEF/1989/12, resolution 4).

151. The Comptroller retained the services of a consulting firm to appraise the management mechanisms of central financial systems and to make recommendations for their improvement. The consultants conducted an in-depth study of existing work plans and progress in their implementation, interviewing all key staff involved, before submitting their report. A major recommendation, which has already been implemented, was to appoint a project manager for the central financial systems. The project manager will help to co-ordinate between divisions and the Office of Information Resource Management to ensure that requirements are clearly specified and that conflicts of priority are resolved. The consultants also emphasized the need to establish a user group for each system so as to ensure that systems design is in accordance with user requirements, and this recommendation is being effectively implemented.

152. The work planned for the general ledger in 1989 included the improvement of existing functionality and the addition of sub-systems as necessary. Progress towards this goal includes a separate donor reporting module; consolidation of call-forward data between the data bases of the Programme Division and the Division of Financial Management; an improved staff accounts system; a common coding master for use by all systems; and a new module for the registration of batch data and its validity checking. In addition, substantial changes to general ledger programmes have been made in line with changes in programme coding and other procedural changes. During 1990, a total review of the general ledger will be made to identify those elements that have to be replaced, as opposed to those elements that can be retained and improved.

153. In 1989, modifications to the existing cashiers system were made to ensure its continued effective functioning. In addition, changes must be made effective in early 1990 to synchronize this system with others that are new or changed. In 1990, work is planned on a comprehensive payables system.

154. During 1989, extensive work was performed on the design requirements of a contributions receivable system. A search was conducted for third-party software (offered for sale by software companies) and the package of the most likely candidate was thoroughly evaluated. It was finally determined that the special changes needed to make purchased software fit UNICEF accounting requirements

rendered the acquisition of purchased software an uncertain and costly option. Consequently, a customized system is being developed that will become operational in the first quarter of 1990.

155. A comprehensive corporate treasury system, that would meet UNICEF requirements, was selected and purchased in 1989. After test-running towards the end of 1989, this system will start effective live operations at the beginning of 1990. Also in 1990, the interfacing between this system and other related systems will be addressed.

156. In 1989, a revision in programme coding and budgeting procedures was formulated and field office staff were trained in their use. These procedural changes have been built into a new programme budget system that will be implemented in the first quarter of 1990. Later in the year, further work will be performed to add reports and additional functionality.

157. A new funding monitoring system was developed in 1989, in line with the new programme budget system and the new contributions receivable design. It will be implemented in conjunction with the two other related systems. In 1990, further reports and functionality will be added, and the donor reports monitoring system will be replaced.

158. In the area of personnel finances, a New York headquarters personal computer system has been developed to manage the medical insurance plan. A personal computer system has also been developed to calculate personnel entitlements. Interfacing with other related systems will be addressed in 1990.

159. The development of systems to support special accounts are planned for 1990.

160. No work was performed on obligating systems in 1989, but it is planned to start work in 1990 on the development of a travel system.

161. In 1989, new sub-systems were developed at Copenhagen for supply order registration, procurement assignment and purchase order, and implementation will begin in the second quarter of 1990. Work has also been proceeding on new sub-systems for supply order status control and invoice certification, and these will be implemented later in 1990. In 1989, it was also necessary to revise the existing Copenhagen systems for warehouse, purchase order and finance to accommodate the changes in programme coding and budget procedures effective beginning 1990.

162. Improvements in the structure of the existing Copenhagen accounting system were made in 1989, including improvements in the structure of account codes and accounting concepts. Major work on the Copenhagen accounts system will only begin in 1990, and will correspond to the New York headquarters' general ledger system suitably modified for the unique Copenhagen supply-related requirements.

III. EXTERNAL RELATIONS

A. Convention on the Rights of the Child

163. Pursuant to Executive Board decision 1989/10 (E/ICEF/1989/12), UNICEF was active throughout the year on the Convention on the Rights of the Child, which was adopted by the United Nations General Assembly in resolution 44/25 of 20 November 1989. UNICEF organized several major initiatives to promote the draft Convention, which resulted in a number of meetings that had a major impact on the adoption process. In most cases, resolutions or statements strongly endorsing the adoption, ratification and implementation of the Convention resulted from the discussions. The meetings involved several international groupings, including the Maghreb nations at Tunis in June; the heads of States members of OAU at Kampala in July; the First Ladies of several Central American countries in El Salvador in September; the Inter-Parliamentary Union (IPU) in Budapest in March; the Commonwealth parliamentarians in Barbados in October; and several major gatherings of NGOs.

164. Field offices and National Committees also organized meetings to support the Convention, which helped to encourage legislative reviews of children's rights and public debates on the implementation of the Convention. Through these and other public education activities, key constituency groups and the media were mobilized to support the Convention and the cause of child rights, and new partnerships for child survival and protection were formed. Country programmes recommendations being submitted to the 1990 Executive Board will demonstrate that a number of such programmes already reflect the provisions of the Convention in implementing children's rights to survival, protection and development.

165. Media productions were important tools in the public information campaign leading to adoption of the Convention. These included a video documentary, an animated film, a radio series aired by the British Broadcasting Corporation (BBC), and an innovative audio learning package, all produced in association with UNICEF, as well as a press kit produced jointly with the United Nations Centre for Human Rights. The adoption of the Convention became an occasion for major press and media coverage around the world on children's issues and UNICEF work in the field. A media seminar at Geneva was instrumental in gaining extensive European coverage, including a 12-page section in a leading Paris newspaper. The Convention will remain a major area of information and public affairs support for UNICEF in 1990 as attention shifts to the task of ensuring its ratification and subsequent implementation at the national level.

B. Inter-agency collaboration

166. In 1989, the secretariat produced a policy review paper on UNICEF collaboration with the United Nations system (E/ICEF/1989/L.8). The report discussed the past and prospective approach of UNICEF to collaboration in each sector of UNICEF involvement. It placed special emphasis on strengthening collaboration through the definition of common goals and strategies, as well as on reinforcing the capacity of the United Nations system to mobilize around these

goals as defined by national Governments. As requested by the Executive Board in 1989 (decision 1989/4 (E/ICEF/1989/12)), the secretariat has prepared a report on UNICEF participation in United Nations operational activities for development (E/ICEF/1990/L.8).

167. Clearly, the 1990s offer new opportunities for multilateral co-operation and for the reinforcement of collaborative action to achieve long-term development goals. UNICEF has therefore placed an increased priority on strengthening both its own collaboration with its United Nations partners and the institutional capacity of the United Nations system as a whole. In 1989, a special directive was issued to all field staff on the subject (EXDIR CF/EXD-1988-2926), and additional instructions are expected in the course of 1990.

168. In 1989, UNICEF collaborated with a widening range of partners, including many sister agencies in the United Nations system, to focus attention on development issues related to children. Major work was carried out in co-operation with the Centre for Human Rights and the Department of Public Information of the United Nations Secretariat related to the Convention on the Rights of the Child; with UNDP, UNFPA, WFP and IFAD under the umbrella of JCGP on various issues; with WHO on a series of health measures, especially in immunization, CDD, ARI, malaria, MCH, essential drugs and health education; with WHO, UNDP, the World Bank and the Rockefeller Foundation in the Child Survival Task Force; with WHO and UNDP on Guinea worm eradication efforts; with WHO and FAO on food and nutrition surveillance; with WHO and UNESCO on Facts for Life; with UNDP, UNESCO and the World Bank on the World Conference on Education for All; with UNESCO on a series of educational measures; with UNDP, FAO, WFP and the International Committee of the Red Cross (ICRC) on Operation Lifeline Sudan; with WFP, UNHCR and several other partners on emergency and rehabilitation work; with UNIFEM, UNDP, UNFPA and WFP on women in development; and with UNEP on environment.

169. JCGP met regularly during the year under the chairmanship of WFP. In July 1989, the group held a high-level meeting on the environment and, recognizing the importance of the environment in development, explored means of incorporating the environment dimension in the programmes of all member organizations (see paras. 92-96 for more details on the environment). UNICEF continued to chair subgroups on adjustment, harmonization of programmes and personnel. For the first time, JCGP will organize familiarization visits for donors as a group; it also took steps to harmonize the programming cycles of each agency to the national planning cycles of national Governments. UNICEF continued to take an active part in the work of subgroups on women and development and common premises.

170. In collaboration with its United Nations partners, UNICEF pursued its concern about the impact of adjustment programmes on children. UNICEF continues to press for more attention to nutrition and human issues in the World Bank consultative groups and the UNDP round tables, and has also engaged in a continuing fruitful dialogue with IMF. UNICEF also continues to co-operate with the World Bank in the fields of health, nutrition, education, water supply and sanitation, urban development, women in development and safe motherhood.

171. UNICEF continues to work closely with UNDP, both at headquarters and in the field. UNICEF regional directors consulted and exchanged information with their counterparts in UNDP on their visits to New York. Country representatives of both organizations also visit each other's headquarters for briefings on their assignments to new countries. The staff of UNDP and other relevant United Nations agencies continued to participate in the previews and reviews of UNICEF-assisted programmes, and the reciprocal arrangement of UNICEF participation in the review of the programmes of other agencies was improved in 1989. UNICEF participated fully in IDWSSD activities and was an active partner in the Decade Steering Committee under the chairmanship of UNDP and its task forces.

172. In 1989, the long-standing collaboration between UNICEF and WHO continued across a broad span of programme fields ranging from EPI, CDD/ORT, ARI, malaria, family health and nutrition, safe motherhood, breast-feeding and MCH, AIDS and essential drugs, to the investigation of the impact of recession and adjustment on health financing. The Executive Director and the Director-General of WHO, accompanied by their senior staff, discussed a wide range of issues facing the health sector, reaching consensus on many. The "Joint statement on protecting, promoting and supporting breast-feeding: the special role of maternity services" was issued during the year, and a revised statement on malaria control has been agreed upon for issue during 1990. Together with WHO, USAID and the Swedish International Development Authority, UNICEF will organize a meeting on breast-feeding in 1990 to protect and promote breast-feeding practices. WHO headquarters at Geneva, the WHO Regional Office for Africa and UNICEF continued close co-operation in the implementation of the Bamako Initiative, especially seeking the complementary roles of each agency.

173. In partnership with WHO, UNDP, the World Bank and the Rockefeller Foundation, UNICEF played an active role in the Task Force for Child Survival. The Task Force is now organizing a meeting at Bangkok in March 1990 to provide support for the final push to reach the UCI goal and for activities to enable countries to reach additional goals set for the 1990s. The Task Force also continued to focus on the development of vaccines and vaccination technology. At the initiative of UNICEF, a technology introduction panel was established with WHO and USAID in an effort to develop and promote low-cost appropriate technology for PHC. The significant contribution of Rotary International in promoting support for the supply of vaccines, especially for poliomyelitis, and for social mobilization throughout the world is gratefully acknowledged. UNICEF is working closely with Jaycees International to develop a similar model for ORT.

174. During 1989, UNICEF and UNESCO continued to co-operate on a broad range of concerns, with particular emphasis on increasing and maintaining female enrolment in schools, improving the external and internal efficiency of the education system and implementing education for CSD through both formal and non-formal means. The two organizations are working closely to broaden the meaning and scope of education to include the public or popular education aspect in controlling the degradation of the environment, the control of drug abuse, preventive action against AIDS, etc. UNICEF continued its support to the UNESCO/UNICEF co-operative unit in its activities for children and women. UNICEF also continued to play an active role in the International Working Group on Education, which comprises the major donor

agencies on education, where UNICEF serves as the focal agency for female and basic education. Together with UNDP, UNESCO and the World Bank, UNICEF co-sponsored the World Conference on Education for All to be held at Jomtien, Thailand, in March 1990. UNICEF provided the office space for the secretariat of the Conference, as well as two Deputy Executive Secretaries, and served as the focal agency at the country level for conference preparations. UNICEF/UNESCO co-operation was enhanced by the close working relationship between the Executive Director of UNICEF and the Director-General of UNESCO, who met several times during the year. With the recent establishment of the Joint Committee on Education, the working relationship between the two organizations will be further strengthened.

175. Finally, UNICEF has been active in helping to strengthen United Nations institutions system-wide and to improve the effectiveness of the United Nations system as a whole. For the last two years, UNICEF has chaired the Consultative Committee on Substantive Questions (Operational Activities), a subsidiary body of the Administrative Committee on Co-ordination, and actively participated in the Administrative Committee machinery. Particular emphasis has also been given to supporting the work of the Director-General for International Economic Co-operation of the United Nations Secretariat and to the strengthening of the Resident Co-ordinator system. The results of these activities are addressed in document E/ICEF/1990/L.8.

C. The State of the World's Children report

176. Once again, the launch of the State of the World's Children report received extensive media, NGO and political attention around the world. The 1990 report was launched by the Executive Director at Washington, and the press conference was carried live via satellite to major press briefings at Geneva, London and Toronto. Related press materials prepared by UNICEF, including videotaped interviews with Prime Ministers Andreotti of Italy and Bhutto of Pakistan, helped to extend coverage of the report globally to important newspapers and television stations. Numerous other political leaders lent a hand to children by participating in the launch in various ways. United States President Bush sent a message to the Executive Director praising the work of UNICEF; King Hussein of Jordan issued a statement; Prime Minister Hailu of Ethiopia led the attendance at the launch in Addis Ababa; and the First Lady of Columbia, Carolina Isakson de Barko, hosted an official ceremony at the Presidential Palace at Bogotá.

177. The success of satellite transmission again demonstrated the value of high technology advocacy in promoting the needs of children. The coverage often focused on the call for a World Summit for Children, giving a boost to what will be a major area of emphasis for UNICEF in 1990. A number of journalists from Europe and North America visited UNICEF-supported programmes in Africa earlier in the year and utilized that exposure to produce features tied to the report. Live broadcasts on the event were often supplemented by audio-visual news items distributed by UNICEF.

D. National Committees for UNICEF

178. Structural changes aimed at strengthening collaboration between the secretariat and National Committees were put into place during the year with the creation of the National Committees' Section in New York. These changes were designed to provide National Committees with a stronger link with headquarters. Accordingly, the Geneva Office played a more focused role in providing operational support to European National Committees. In addition, major structural changes took place in several Eastern European National Committees which are in the process of becoming independent organizations in their own countries.

179. National Committees continued to give vital support to UNICEF, providing approximately 20 per cent of all its resources. Major drives were undertaken by all Committees to promote the draft Convention on the Rights on the Child. The most successful and creative campaigns have been established to increase awareness among the public and decision makers for its adoption. Several National Committees participated in the dialogue concerning the challenges of the 1990s, e.g., the Paris round-table on "Today's Children - Tomorrow's World", which was co-organized with the French National Committee.

E. Non-governmental organizations

180. The year 1989 was one of growth and further expansion for UNICEF co-operation with NGOs. As a key element in its external relations strategy, UNICEF alliances with NGOs continued to multiply and played an increasingly prominent role in UNICEF work for children in every region. Collaboration with national NGOs and affiliates of international NGOs in areas of child health, water and sanitation, basic education, women's development and children in especially difficult situations continued to expand in country programmes throughout the world. A number of international NGOs became major allies in UNICEF global advocacy for the Convention, and co-operation with the NGO Committee on UNICEF continued to deepen.

181. Many longstanding NGO allies continued to work closely with UNICEF field offices in collaborative efforts focused on improved child health. Rotary International, Jaycees International and the Scouts, for example, continued to mobilize their members to work at national and local levels in support of immunization efforts, CDD and community-based health education. UNICEF also enjoyed the continued support and guidance of the International Paediatric Association and International Council of Nurses in the overall area of improved MCH, while forging new links with La Leche League in the promotion of breast-feeding.

F. Parliamentarians and religious leaders

182. During 1989, UNICEF expanded and strengthened its relations with numerous international and regional parliamentary organizations and international religious groupings. It established solid working relations with the world's three largest parliamentarian organizations: IPU; the Global Committee of Parliamentarians on

Population and Development; and the Commonwealth Parliamentary Association. The Global Forum of Spiritual and Parliamentary Leaders on Human Survival and the World Conference of Religion and Peace also confirmed their commitment to advocate for children's issues by including them as key agenda items in their international conferences.

183. At its semi-annual conference of 500 legislators from 94 countries held at Budapest in March 1989, the IPU unanimously adopted a comprehensive resolution on the protection of children. It called upon parliaments to join in a grand alliance for the defence and protection of children's rights, urged Governments to convene the first World Summit for Children and supported the adoption of the draft Convention on the Rights of the Child.

G. Special events

184. Public advocacy by celebrity supporters and participation in special events have played a significant role in advancing UNICEF concerns. In 1989, Goodwill Ambassador Audrey Hepburn travelled to over a dozen countries to observe the condition of children, to meet with senior government officials and, in Central America, to award prizes initiated by UNICEF to honour journalists and media organizations for their work for children. She also attended a dinner at the White House at Washington, testified before committees of the United States Senate and the House of Representatives and gave numerous interviews and speeches. Other goodwill ambassadors contributed similarly in the diffusion of UNICEF messages and in winning new allies and friends. Liv Ullmann addressed several non-governmental groups and incorporated CSD issues in a film she made in France. She also convinced the European Cinema Society to reflect the rights of the child in their statutes. Peter Ustinov supported various National Committees and made statements for UNICEF in Canada, Italy and the United Kingdom. Sir Richard Attenborough delivered the keynote speech to the United Nations Association of the United Kingdom and the World Conference of Jaycees.

185. Harry Belafonte promoted UNICEF concerns during his concert tour in North America and awarded the first UNICEF prizes at the Havana film and television festival. Japanese Goodwill Ambassador Tetsuko Kuroyanagi organized a major information and fund-raising campaign in Japan, as well as a mission to Angola which resulted in considerable local advocacy. Sports Ambassador Katarina Witt arranged special ice skating performances for the benefit of the National Committees of Sweden and the German Democratic Republic. Imran Khan, who was appointed UNICEF Special Representative for Sports in December 1988, visited CSD projects in his native Pakistan and also assisted the EPI campaign in Bangladesh. In March, the popular Spanish singer Julio Iglesias was appointed UNICEF Special Representative for the Performing Arts and gave benefit concerts for UNICEF at Chicago, Los Angeles and New York and at Moscow, as well as a performance at the Second Danny Kaye Awards television show in the Netherlands.

186. At the United Nations, other special events generated substantial support for the draft Convention. The celebration of World Children's Day at the United Nations on 23 April was attended by children from around the world who expressed their support for the draft Convention. A children's celebration was held on the

occasion of the adoption of the Convention on 20 November. The annual 24-hour Radio Hungerthon took place at the United Nations on 18 and 19 November and included a sold-out concert by Crosby, Stills and Nash to benefit the United States Committee for UNICEF and World Hunger Year.

H. Broadcasting and video

187. Electronic media coverage of UNICEF activities increased in North America with television network stories on ORT, children and AIDS, Operation Lifeline Sudan, the goodwill ambassadors, child soldiers and other children's rights issues. In a particular highlight, the United States television network CBS gave major coverage to UNICEF activities in the lead sequence of its 60 Minutes news magazine programme. The segment, dealing with malnutrition and other child survival issues in the United Republic of Tanzania, was seen by more than 40 million viewers in the United States and Canada, bringing in many letters of support to CBS. Many also included cheques for UNICEF work.

188. UNICEF also expanded the co-production of programmes relating to its projects with networks in Europe. Worldwide Television News, a London-based television news agency, co-produced a film on the emergency needs of children in Afghanistan. Other programmes were produced with television networks in Belgium, France, the Netherlands, Norway and Switzerland. UNICEF also co-produced information programming with Australian television and assisted Fuji television of Japan in a fund-raising programme that raised millions of dollars. Radio co-production work was done with BBC, Radio France International and Deutsche Welle. UNICEF and the Disney company also agreed to co-operate in the field of communications to help promote the cause of children.

189. New video productions by UNICEF in 1989 included Invest in the Children and Parliamentarians for Children, both supporting adjustment with a human face and debt relief, and Chain of Tears, a documentary about children living in the front-line States which has been broadcast in many countries. Radio spots promoting breast-feeding were also produced.

I. Publications

190. A new edition of Children on the Front Line, with a section on Namibia, was launched at a Harare news conference with a satellite link to London. In another joint venture involving children in difficult circumstances, UNICEF and the PANOS Institute, an independent organization promoting development, are producing Children of the Sahel for publication in 1990.

191. Periodical publications were produced, including the weekly Newsflash and Newswire, containing short articles on development, and the quarterly UNICEF Intercom, which is designed to provide an in-depth treatment of programmatic matters. Information Update, an internal monthly newsletter, was started in June to provide an advance view of new information projects and materials being planned. There was considerable discussion within UNICEF on how its publications

might be strengthened to better serve the organization. Following the evaluation of external relations requested by the Executive Board, the Division of Information carried out a survey of publications to assess the value of the materials currently produced. Some 17 National Committees were consulted and their views are being incorporated in the planning of information materials to be produced by the Division in 1990.

192. Numerous other materials were printed, including the UNICEF Annual Report and its Supplement, a pamphlet on the Bamako Initiative and three issues of African Kora. In addition, UNICEF continued its support to the NGO publication, Action for Children. UNICEF undertook photo coverage in 20 countries in Africa, Asia and Latin America, and nearly 30,000 prints and slides were distributed to National Committees, regional offices, NGOs and the media. Major photo series were provided on Operation Lifeline Sudan. The Dakar office set up a photo library with the assistance of the UNICEF photo librarian in New York, who continued to work with the United Nations Photo Section in preparing the first video laser disk photo catalogue, which will contain 100,000 images from various United Nations agencies.

J. Electronic communications

193. The number of users of the electronic information network grew in 1989 to 270 with the dispatch of over 2,000 messages a month. The network transmitted News Flash, News Wire, Information Update, periodic emergency information notes, a "bulletin board" with information on UNICEF meetings and special events and numerous feature stories, press releases and selected programme materials of interest to National Committees, UNICEF field offices, United Nations specialized agencies and NGOs. An evaluation of the network has been carried out by the Office of Information Resources Management, which will be used, together with the publications survey, to improve the outreach of the electronic services in the coming year.

K. Development education

194. In 1989, the Division of Information was made responsible for development education within the secretariat. In March, a meeting of development education officers from National Committees was organized in Bossey, France, to discuss a framework for development education based on the concept and methodology of global education. The secretariat then commissioned a paper on development education which was presented to National Committees at the information, development education and fund-raising workshop of National Committees held in New York in September. The paper was well received and contributed significantly towards the formulation of a new policy on education for development which the secretariat intends to produce in 1990. A senior-level post for development education has been established in New York to be staffed in 1990. A group of development education officers from seven National Committees produced, jointly with the Geneva Development Education Unit, a kit entitled the "Rights of the world's children". In addition, many other National Committees also produced a wealth of educational materials of their own.

L. Training

195. In 1989, UNICEF continued to train journalists in developing nations, joining the Pan African News Agency in holding a seminar in Kenya on the needs of children. The 30 senior African journalists attending the week-long workshop pledged to support strategies to improve the condition of children. In another joint venture, UNICEF and the United States-based Center for Foreign Journalists sponsored a journalist to teach health and nutrition writing in a number of West African nations. A seminar, held with the Inter Press Service (IPS) at Bangkok in May to promote better understanding of children's issues among journalists, was attended by all IPS correspondents in Asia, and closer working links were established between UNICEF offices and IPS correspondents in Asia.

M. Fund-raising

196. Total UNICEF income in 1989 reached an estimated $667 million. Of the total, general resources accounted for an estimated $423 million. This was an increase of some $29 million since the 1988 general resources income included a one-time accounting adjustment of $43.5 million. Supplementary funds dropped to $244 million (decreasing by 10.9 per cent), mainly because the previous year was an exceptional period for supplementary funding for UCI by 1990. However, both general resources and supplementary funds were ahead of their targets in the 1989 medium-term plan. Finland and the Soviet Union made the largest increases in their contributions to general resources, to $27 million and $19 million respectively, while Italy, Sweden and the United States maintained their positions as the top three contributors to the organization. Norway was the largest per capita contributor with donations of almost $11 for each Norwegian to UNICEF.

N. Greeting card and related operations

197. In 1989, the mandate of GCO was enlarged to encompass activities in four areas: product sales, its traditional area of activity; exhibits and promotion; private sector fund-raising support to National Committees and field offices; and special fund-raising events and new initiatives.

198. In the 1988-1989 season, GCO contributed $43.2 million to UNICEF general resources, which is $4.8 million, or 13 per cent, more than the previous year. Sales volume and gross proceeds also showed major improvements. The sale of 139 million cards brought in revenues of $98.9 million. Indications are that the upward trend, which began in 1985, will continue in the 1989-1990 season.

199. Following the intensive review undertaken during the year, the role and position of GCO within the structure of UNICEF external relations have become more precisely defined. Activities undertaken by GCO will be closely co-ordinated with other UNICEF divisions and with National Committees and field offices. A new set of rules and regulations governing GCO administration and financial operations was approved by the Executive Board and entered into effect on 1 January 1989 (E/ICEF/FINANCIAL RULES/Add.1).

200. In the area of sales, new product lines were tested and adapted to new markets, the retail store programme in Europe was expanded and cost controls were implemented to move towards the goal of 50 per cent profitability.

201. The Danny Kaye Visitors Centre at UNICEF House was host to numerous groups of schoolchildren, volunteers and other visitors, and a teacher's guide for the exhibit was produced in co-operation with the United States Committee for UNICEF.

202. GCO has been instrumental in expanding direct mail fund-raising, providing assistance to the ad hoc Working Group on Direct Mail Fund-Raising. GCO has provided a number of direct mail packages that have been adapted to specific countries and used by National Committees to raise funds.

203. As announced at the 1989 Executive Board session, the Executive Director has assigned the responsibility of special fund-raising events to GCO. This is consistent with its enlarged mandate to provide support services in private sector fund-raising to National Committees and field offices. A set of policies was approved in an effort to address concerns raised by the Executive Board.

O. International Child Development Centre

204. The Centre has now completed its first full calendar year of activities since becoming operational in September 1988. Seven international staff are in place, together with the first fellow, the former Norwegian Ombudsman for Children. Work is under way in four major programme areas: national capacity-building for CSD focused initially on five African countries; economic policies and the mobilization of resources for children; the rights of the child; and the needs of the urban child.

205. The Centre's staff and facilities have already been involved in several training seminars and workshops, including the first Innocenti Global Seminar on early childhood development. A second will be held in May on participatory development, exploring participatory approaches in relation to child strategies and goals for the 1990s. A separate report is contained in document E/ICEF/1990/L.9.